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

Application Form for Examination of Summer Session 2020 event.

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

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|        |  |                 | pa.ma.ga.a.a.          | orony,aar, ribarano your o our  | iana account an | a logiii today.     |                  |                         |   |
|--------|--|-----------------|------------------------|---|-----------------|---------------------|------------------|-------------------------|---|
|        | PRN:   | Eligi           | bility Status:         | Examination form 095127   | No.:            | Division/Section:   | Roll N           | 0.:                     | tojt.                                   |
|        | 2016016400551066   |                 | Eligible               |   |                 | В                   | 95               |                         | Jan |
| Instru | uction Medium:   | <b>!</b>        |                        |   |                 | Nationality:        | India            |                         |   |
|        |  |                 |                        | Student's Persor  | nal Informati   | on                  |                  |                         |   |
| Stud   | ent's Name: KARAN  | IJKAR SAMF      | RUDDHI GANPAT          |   |                 | Mother's Name: S    | SANDHYA          | (                       | Gender: Female                          |
| Nam    | e in Vernacular Langua   | ıge:करंजकर र    | तमृध्दी गणपत           |   |                 |                     |                  |                         |   |
| SHA    | ess: E-4, MODEL COL<br>STRI NAGAR,<br>NE WEST  | ONY, POKHI      | RAN ROAD NO. 1,        |   |                 |                     |                  |                         |   |
| City:  | THANE, Taluka: Thane   | e, District: Th | ane, State: Mahara     | shtra, PIN: 400606  |                 |                     |                  |                         |   |
| Tele   | ohone no.:   |                 | Mobi                   | le no: 918433782737   |                 | Em                  | ail : karanjkars | samruddh                | i@gmail.com                             |
| DOB    | : Sep 14, 1998   | Cat             | tegory: Reserved (N    | NT-1 (NT-B))  | Physically      | Handicap: No        |                  |                         |   |
| Prev   | ious Latest Examinatio   | n Details: Sei  | m IV(Regular-Rev1      | 6)  | Exam Even       | t: Apr-2019         | Sea              | at No: 066              | 68730 (Status: Pass)                    |
| Exan   | n form appearance type   | e: Fresher      |                        |   |                 |                     |                  |                         |   |
| Pape   | er Details: Plea   | se select Pa    | per details which yo   | ou want to appear ( UA -  | University A    | ssessment,CA - C    | ollege Assess    | sment)                  |   |
| SN     | Paper Code   |                 |                        | Paper Name  |                 |                     |                  |                         | AM - AT                                 |
| 1      | 86001  | Operation Re    | esearch                |   |                 | Th-l                | JA [ ] ;Th-      | CA[]                    |   |
| 2      |  |                 | al Perspective         |   |                 |                     | Th-l             | JA [ ] ;Th-             | CA[]                                    |
| 3      | 86010  | HRM in Serv     | ice Sector Manage      | ment  | Th-U            |                     | -UA [] ;Th-CA [] |                         |   |
| 4      | 86016  | Human Reso      | ource Accounting ar    | nd Audit  |                 |                     | Th-l             | JA [ ] ;Th-             | CA[]                                    |
| 5      | 86019  | Indian Ethos    | in Management          |   |                 |                     | Th-l             | JA [ ] ;Th-             | CA[]                                    |
| 6      | UBMSFSVI.5   | Project Work    |                        |   |                 |                     | Pw-              | UA [ ] ;Pw              | /-CA [ ]                                |
| Conv   | vocation Fee   |                 | Exam Form Late F       | ee  | Exam Form       | Super Late Fee      | Exa              | amination               | Fees                                    |
| Mark   | Statement Fee  |                 | Total:                 |   |                 |                     |                  |                         |   |
| Payn   | nent Details:  | mount Rece      | ived:                  | Colle   | ege Receipt     | No. and Date:       |                  |                         |   |
| DD N   |  |                 | MICR No:               |   | DD Date:        |                     | Ban              | ık:                     |   |
| Cent   | er Preference (Code/N  | ame):           | •                      | -   |                 |                     | ·                |                         |   |
| Venu   | ie Preference (Code/Na   | ame):           |                        |   |                 |                     |                  |                         |   |
| To, T  | he Controller of Exami   | nation,         |                        |   |                 |                     |                  | Place:                  | Vidyavihar                              |
| decla  | are that all statement m   | ade in this ap  | oplication are true, o | ination. I have remitted to<br>complete and correct to<br>bed for the examination | the best of m   | y knowledge and l   | oelief. I        | Date:                   | .,                                      |
| requ   | est for any special cond   | ession such     | as change in time of   | or day fixed for university<br>on being found false or i                          | y Examinatio    | n etc. on religious | or any           |                         |   |
|        | elled or rejected.   |                 |                        |   | •               |                     |                  | St                      | udent's Signature                       |
| Deck   | aration by Principal/HO  | D/Chairperso    | on                     |   |                 |                     |                  |                         |   |
| resp   | 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  | e:   |                 |                        | _   |                 |                     |                  |                         |   |
| Date   | :  |                 |                        | College Sta   | ff Signature    |                     |                  | I and Sigr<br>cipal/HO[ | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Examination form No.:



| PRN: Eligibility Status: |  |                            | bility Status:       | 095128   | I INO          | Division/Section:     | Roll No           | 0.:                | ASkaron                    |  |
|--------------------------|--|----------------------------|----------------------|--|----------------|-----------------------|-------------------|--------------------|----------------------------|--|
|                          | 2016016400551171                         |                            | Eligible             |  | I              | В                     | 135               |                    | 910135                     |  |
| Instr                    | uction Medium:                           | •                          | <del>-</del>         |  |                | Nationality:          | India             | •                  |                            |  |
|                          |  |                            |                      | Student's Perso  | nal Informati  | on                    |                   |                    |                            |  |
| Stud                     | ent's Name: KASA                         | R AAKASH SA                | ANDEEP               |  |                | Mother's Name: S      | MITA              | C                  | Gender: Male               |  |
| Nam                      | e in Vernacular Langu                    | age:KASAR A                | AKASH SANDEEF        | )  |                |                       |                   |                    |                            |  |
| Addr                     | ess: 183,SARAF BAZ                       | AR BALAJI PE               | TH JALGAON           |  |                |                       |                   |                    |                            |  |
| City:                    | JALGAON, Taluka: Ja                      | algaon, District           | t: Jalgaon, State: M | laharashtra, PIN: 42500  | )1             |                       |                   |                    |                            |  |
| Tele                     | phone no.: 2229015                       |                            | Mobi                 | ile no: 919403833455   |                | Ema                   | il : Aakashka     | sar37ak@           | gmail.com                  |  |
| DOB                      | : Jul 03, 1998                           | Cat                        | egory: Reserved (0   | OBC)   | Physically     | Handicap: No          |                   |                    |                            |  |
| Prev                     | ious Latest Examination                  | on Details: Ser            | n III(Regular-Rev1   | 6)   | Exam Even      | t: Apr-2019           | Sea<br>Pas        |                    | 6016400551171 (Status:     |  |
| Exar                     | n form appearance typ                    | e: Fresher                 |                      |  |                |                       |                   |                    |                            |  |
| Pape                     | er Details: Ple                          | ase select Pa <sub>l</sub> | per details which yo | ou want to appear ( UA   | - University A | Assessment,CA - Co    | llege Assess      | ment)              |                            |  |
| SN                       | Paper Code                               |                            |                      | Paper Name   |                |                       |                   | AM - AT            |                            |  |
| 1                        | 86001                                    | Operation Re               | esearch              |  |                | Th-L                  | JA [ ] ;Th-0      | CA[]               |                            |  |
| 2                        | 86004                                    | HRM in Glob                | al Perspective       |  |                | Th-L                  | JA [ ] ;Th-0      | CA[]               |                            |  |
| 3                        | 86010                                    | HRM in Serv                | ice Sector Manage    | ment   |                | Th-L                  | Th-UA [];Th-CA [] |                    |                            |  |
| 4                        | 86016                                    | Human Reso                 | ource Accounting a   | nd Audit   |                |                       | Th-L              | Th-UA [] ;Th-CA [] |                            |  |
| 5                        | 86019                                    | Indian Ethos               | in Management        |  |                |                       | Th-L              | JA [ ] ;Th-0       | CA[]                       |  |
| 6                        | UBMSFSVI.5                               | Project Work               | :                    |  |                |                       | Pw-l              | JA [ ] ;Pw         | -CA[]                      |  |
| Conv                     | ocation Fee                              |                            | Exam Form Late F     | -ee  | Exam Form      | Super Late Fee        | Exa               | mination           | Fees                       |  |
| Mark                     | Statement Fee                            |                            | Total:               |  |                |                       |                   |                    |                            |  |
| Payr                     | nent Details:                            | Amount Recei               | ived:                | Coll   | ege Receipt    | No. and Date:         |                   |                    |                            |  |
| DD N                     | No:                                      |                            | MICR No:             |  | DD Date:       |                       | Ban               | k:                 |                            |  |
| Cent                     | er Preference (Code/N                    | Name):                     |                      | ,  |                |                       | •                 |                    |                            |  |
| Venu                     | ue Preference (Code/N                    | lame):                     |                      |  |                |                       |                   |                    |                            |  |
| To, 1                    | he Controller of Exam                    | ination,                   |                      |  |                |                       |                   | Place:             | Vidyavihar                 |  |
| decla                    | are that all statement n                 | nade in this ap            | plication are true,  | nination. I have remitted complete and correct to                                | the best of n  | ny knowledge and b    | elief. I          | Date:              |                            |  |
| requ                     | est for any special con                  | cession such               | as change in time o  | bed for the examination<br>or day fixed for universit<br>on being found false or | y Examination  | n etc. on religious o | r any             |                    |                            |  |
|                          | elled or rejected.                       |                            | ,                    | 5  | . ,            |                       |                   | Stu                | udent's Signature          |  |
| Decl                     | Declaration by Principal/HOD/Chairperson |                            |                      |  |                |                       |                   |                    |                            |  |
| resp                     |  | rectification of           | the information. He  | me. The information pre/she is regular student                                   |                |                       |                   |                    |                            |  |
| Place                    | e:                                       |                            |                      |  |                |                       |                   |                    |                            |  |
| Date                     | :  |                            |                      | College Sta  | aff Signature  |                       |                   | and Sign           | nature of<br>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.

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

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| PRN: Eligibility Status: |   |                  |                      | Examination for<br>095129 | m No.:                      | Division/Section:      | Roll No   | ).:               | Projanta.            |  |
|--------------------------|---|------------------|----------------------|---------------------------|-----------------------------|------------------------|---|-------------------|----------------------|--|
| 2                        | 2017016400400694                                |                  | Eligible             |                           |                             | В                      | 76  |                   |                      |  |
| nstrı                    | uction Medium:                                  |                  | -                    |                           |                             | Nationality:           | India   |                   |                      |  |
|                          |   |                  |                      | Student's Pers            | sonal Informati             | ion                    |   |                   |                      |  |
| Stude                    | ent's Name: AALLU                               | PRIYANKA         | RAGHUNATH            |                           |                             | Mother's Name: St      | JSHMA   | (                 | Gender: Female       |  |
| lam                      | e in Vernacular Langua                          | age:अल्लू प्रिय  | गंका रघुनाथ          |                           |                             |                        |   |                   |                      |  |
| ddr                      | ess: ROOM NO-3, NAN                             | NIBAI ABDUI      | AZIZ CHAWL, LE       | S MARG KURLA WES          | ST                          |                        |   |                   |                      |  |
| city:                    | MUMBAI, Taluka: Kurla                           | a, District: M   | umbai Suburban, S    | state: Maharashtra, PIN   | N: 400070                   |                        |   |                   |                      |  |
| eler                     | phone no.:                                      |                  | Moh                  | oile no: 918692979691     |                             | Emai                   | I : PRIYANKA                                    | AALLU             | 08@GMAIL.COM         |  |
| ОВ                       | : Mar 11, 2000                                  | Ca               | tegory: Open         |                           | Physically                  | / Handicap: No         |   |                   |                      |  |
| revi                     | ious Latest Examinatio                          | n Details: Se    | m IV(Regular-Rev     | 16)                       | Exam Even                   | nt: Apr-2019           | Seat  | t No: 066         | 68713 (Status: Pass) |  |
| xan                      | n form appearance type                          | e: Fresher       |                      |                           |                             |                        |   |                   |                      |  |
| ape                      | er Details: Plea                                | ase select Pa    | per details which y  | ou want to appear ( UA    | A - University A            | Assessment,CA - Co     | llege Assessr                                   | Assessment)       |                      |  |
| SN                       | Paper Code                                      |                  |                      | Paper Name                | <del>,</del>                |                        |   |                   | AM - AT              |  |
| 1                        | 86001   | Operation Re     | esearch              |                           |                             |                        | Th-U  | A [ ] ;Th-        | -CA[]                |  |
| 2                        | 86004   | HRM in Glob      | bal Perspective      |                           |                             |                        | Th-U  | A [ ] ;Th-        | -CA[]                |  |
| 3                        | 86010   | HRM in Serv      | vice Sector Manage   | ment                      | ment                        |                        |   |                   | -CA[]                |  |
| 4                        | 86016   | Human Reso       | ource Accounting a   | d Audit                   |                             |                        |   | Th-UA [];Th-CA [] |                      |  |
| 5                        | 86019   | Indian Ethos     | s in Management      |                           |                             |                        |   |                   | -CA[]                |  |
| 6                        | UBMSFSVI.5                                      | Project Work     | κ                    |                           |                             |                        |   | JA [ ] ;Pw        | v-CA []              |  |
| onv                      | ocation Fee                                     |                  | Exam Form Late       | Fee                       | ee Exam Form Super Late Fee |                        |   | mination          | Fees                 |  |
| /lark                    | Statement Fee                                   |                  | Total:               |                           |                             |                        |   |                   |                      |  |
| ) avn                    | ment Details:                                   | Amount Rece      | sixod:               |                           | ollege Receipt              | No and Date:           |   |                   |                      |  |
| DD N                     |   | Alliount Necc    | MICR No:             |                           | DD Date:                    | NO. and Date.          | Bank  | <del></del>       |                      |  |
|                          | er Preference (Code/Na                          | lama):           | INICK NO.            |                           | DD Date.                    |                        | Dank  | -                 |                      |  |
|                          | ue Preference (Code/Na                          |                  |                      |                           |                             |                        |   |                   |                      |  |
|                          | The Controller of Exami                         |                  |                      |                           |                             |                        |   | Diago             | Vide on the or       |  |
|                          | uest permission to pres                         |                  | or the ensuing exar  | nination. I have remitte  | d the prescrib              | ed fee for the same    | I hereby  | Place:            | Vidyavihar           |  |
| Iecla                    | are that all statement m                        | nade in this ap  | pplication are true, | complete and correct t    | to the best of n            | ny knowledge and be    | elief. I  | Date:             |                      |  |
|                          | gone through the sylla est for any special conc |                  |                      |                           |                             |                        |   | $\vdash$          |                      |  |
| ther                     | r ground. I understand t                        |                  |                      |                           |                             |                        |   |                   |                      |  |
|                          | elled or rejected.                              |                  | -                    | -                         |                             |                        |   | St                | tudent's Signature   |  |
| )eck                     | aration by Principal/HO                         | )D/Chairpers     | On .                 |                           |                             |                        |   |                   | ddoine o ciginatan i |  |
|                          | form is carefully scruting                      |                  |                      | v me. The information     | printed in the f            | form is correct to the | hest of my kn                                   | owledae           | also undertake the   |  |
| espo                     | onsibility of fulfillment/re                    | rectification of | f the information. H |                           |                             |                        |   |                   |                      |  |
| ours                     | se/term work (if any) ac                        | cording to ur    | niversity rules.     |                           |                             |                        |   |                   |                      |  |
|                          |   |                  |                      |                           |                             |                        | <br>I   |                   |                      |  |
| Place                    | <b>3</b> .                                      |                  |                      |                           |                             |                        | I   |                   |                      |  |
|                          |   | ,                |                      | -                         |                             |                        | ı   |                   |                      |  |
| Date:                    | ÷   |                  |                      | College Staff Signature   |                             | Seal                   | and Sign  | nature of         |                      |  |
|                          |   |                  |                      | 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.

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

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Examination form No.:



| PRN: Eligibility Status: |   |                    | 095130                  | II NO  | Division/Section            | : Roll             | l No.:          | A sum.                    |                      |  |
|--------------------------|---|--------------------|-------------------------|--|-----------------------------|--------------------|-----------------|---------------------------|----------------------|--|
|                          | 2017016400669236  |                    | Eligible                |  |                             | В                  | 1               | 32                        | aniha.               |  |
| Instr                    | uction Medium:  | •                  |                         |  |                             | Nationality:       | India           |                           |                      |  |
|                          |   |                    |                         | Student's Perso                                      | onal Informati              | on                 |                 |                           |                      |  |
| Stud                     | ent's Name: WANK  | KHEDE PRIYA        | VILAS                   |  |                             | Mother's Name      | : VANDANA       | (                         | Gender: Female       |  |
| Nam                      | e in Vernacular Langu   | uage:प्रिया विला   | स वानखेडे               |  |                             |                    |                 |                           |                      |  |
| Addr                     | ess: B 41 ROOM NO.  | 15 KOHINOC         | OR SOCIETY SEC          | TOR 8 SANPADA NAV                                    | 'I MUMBAI                   |                    |                 |                           |                      |  |
| City:                    | Navi mumbai, Taluka   | : Thane, Distri    | ct: Thane, State: M     | aharashtra, PIN: 40070                               | )5                          |                    |                 |                           |                      |  |
| Tele                     | ohone no.:  |                    |                         | ile no: 919930227135                                 |                             | E                  | mail : vilas150 | 6@gmail.co                | om                   |  |
| DOB                      | : Apr 08, 1999  | Cat                | tegory: Reserved (0     | OBC)   | Physically                  | Handicap: No       |                 |                           |                      |  |
| Prev                     | ious Latest Examination   | on Details: Sei    | m IV(Regular-Rev1       | 6)   | Exam Even                   | t: Apr-2019        | (               | Seat No: 06               | 68763 (Status: Pass) |  |
|                          | n form appearance typ   |                    |                         |  |                             |                    |                 |                           |                      |  |
| Pape                     | er Details: Ple   | ease select Pa     | per details which yo    | ou want to appear ( UA                               | - University A              | Assessment,CA -    | College Asse    | essment)                  |                      |  |
| SN                       | Paper Code  |                    |                         | Paper Name   |                             |                    |                 | AM - AT                   |                      |  |
| 1                        | 86001   | Operation Re       |                         |  |                             |                    |                 | h-UA [ ] ;Th-             |                      |  |
| 2                        | 86004   |                    | al Perspective          |  |                             |                    |                 | h-UA [ ] ;Th-             |                      |  |
| 3                        | 86010   | +                  | ice Sector Manage       |  |                             | TI                 | h-UA [ ] ;Th-   | -CA[]                     |                      |  |
| 4                        | 86016   |                    | ource Accounting a      | nd Audit   |                             |                    |                 | h-UA [ ] ;Th-             |                      |  |
| 5                        | 86019   |                    | in Management           |  |                             |                    |                 | h-UA [ ] ;Th-             |                      |  |
| 6                        | UBMSFSVI.5  | Project Work       |                         |  |                             |                    | P               | w-UA [ ] ;Pv              | v-CA [ ]             |  |
| Con                      | ocation Fee   |                    | Exam Form Late I        | ee   | ee Exam Form Super Late Fee |                    |                 | Examination               | ı Fees               |  |
| Mark                     | Statement Fee   |                    | Total:                  |  |                             |                    |                 |                           |                      |  |
| Payr                     | nent Details:   | Amount Rece        | ived:                   | Col  | lege Receipt                | No. and Date:      |                 |                           |                      |  |
| DD N                     | lo:   |                    | MICR No:                |  | DD Date:                    |                    | В               | Bank:                     |                      |  |
| Cent                     | er Preference (Code/N   | Name):             |                         |  |                             |                    | •               |                           |                      |  |
| Venu                     | ie Preference (Code/N   | Name):             |                         |  |                             |                    |                 |                           |                      |  |
| To, 1                    | he Controller of Exam   | nination,          |                         |  |                             |                    |                 | Place:                    | Vidyavihar           |  |
|                          |   |                    |                         | ination. I have remitted<br>complete and correct to  |                             |                    |                 | Date:                     |                      |  |
| have                     | gone through the syll   | abus and the I     | ist of books prescri    | bed for the examination                              | n for which I a             | m appearing. I sl  | hall not        |                           |                      |  |
| requ                     | est for any special cor   | ncession such      | as change in time of    | or day fixed for universi<br>on being found false or | ty Examinatio               | n etc. on religiou | s or any        |                           |                      |  |
|                          | elled or rejected.  | i ulat ili ulo ove | on any imormati         | on being lound raise of                              | incorrect, my               | candidatare is in  | abic to be      |                           |                      |  |
|                          |   |                    |                         |  |                             |                    |                 | St                        | tudent'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 |                    |                         |  |                             |                    |                 |                           |                      |  |
| resp                     |   | rectification of   | the information. He     | me. The information pe/she is regular student        |                             |                    |                 |                           |                      |  |
|                          |   |                    |                         |  |                             |                    |                 |                           |                      |  |
| Plac                     | <b>9</b> :  |                    |                         |  |                             |                    |                 |                           |                      |  |
| Data                     |   |                    |                         |  |                             |                    |                 |                           |                      |  |
| Date                     |   |                    | College Staff Signature |  | Seal and Signature of       |                    |                 |                           |                      |  |
|                          |   |                    |                         | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN:                                 |   | Eligi            | bility Status:       | Examination forn<br>095131 | n No.:                     | Division/Section:     | Roll No           | ).:         | duiteland           |
|--------------------------------------|---|------------------|----------------------|----------------------------|----------------------------|-----------------------|-------------------|-------------|---------------------|
|                                      | 2017016400669283  |                  | Eligible             |                            | III                        | В                     | 130               |             | <u>Games</u>        |
| Instru                               | uction Medium:  |                  |                      |                            |                            | Nationality:          | India             |             |                     |
|                                      |   |                  |                      | Student's Perso            | onal Informati             | on                    |                   |             |                     |
| Stud                                 | ent's Name: THAKU   | IR AMITCHA       | ND PRAKASHCH         | AND                        |                            | Mother's Name: DI     | EEPA              | G           | ender: Male         |
| Nam                                  | e in Vernacular Langua  | ıge:अमितचंद      |                      |                            |                            |                       |                   |             |                     |
| Addr                                 | ess: SANJOG C.H.S, F  | LAT NO B-8       | , PLOT NO 2, SEC     | TOR 9A, VASHI, NAVI        | MUMBAI.                    |                       |                   |             |                     |
| City:                                | NAVI MUMBAI, Taluka   | ı: Thane, Dis    | trict: Thane, State: | Maharashtra, PIN: 400      | 703                        |                       |                   |             |                     |
| Tele                                 | phone no.:  |                  | Mob                  | ile no: 919930880460       |                            | Emai                  | I : AMITCHAN      | NDTHAKU     | JR99@GMAIL.COM      |
| DOB                                  | : Dec 13, 1999  | Ca               | tegory: Open         |                            | Physically                 | Handicap: No          |                   |             |                     |
| Prev                                 | ious Latest Examination   | n Details: Se    | m IV(Regular-Rev1    | (6)                        | Exam Even                  | t: Apr-2019           | Sea               | t No: 066   | 8762 (Status: Pass) |
|                                      | n form appearance type  |                  |                      |                            |                            |                       |                   |             |                     |
|                                      |   | se select Pa     | per details which y  | ou want to appear ( UA     | - University A             | Assessment,CA - Co    | llege Assessr     | ment)       |                     |
| SN                                   | Paper Code  |                  |                      | Paper Name                 |                            |                       | AM - AT           |             |                     |
| 1                                    |   | Operation Re     |                      |                            |                            |                       | A [ ] ;Th-C       |             |                     |
| 2                                    |   |                  | al Perspective       |                            |                            |                       | Th-UA [];Th-CA [] |             |                     |
| 3 86010 HRM in Service Sector Manage |   |                  |                      |                            |                            |                       |                   | A [ ] ;Th-C |                     |
| 4                                    |   |                  | ource Accounting a   | nd Audit                   |                            |                       |                   | A [ ] ;Th-C |                     |
| 5                                    |   |                  | in Management        |                            |                            |                       |                   | A [ ] ;Th-C |                     |
| 6                                    |   | Project Work     |                      |                            |                            |                       | <u> </u>          | JA [];Pw-   |                     |
|                                      | vocation Fee  |                  | Exam Form Late       | Fee                        | e Exam Form Super Late Fee |                       |                   | mination I  | Fees                |
| Mark                                 | Statement Fee   |                  | Total:               |                            |                            |                       |                   |             |                     |
| Payn                                 | nent Details:   | mount Rece       | ived:                | Col                        | lege Receipt               | No. and Date:         |                   |             |                     |
| DD N                                 | No:   |                  | MICR No:             |                            | DD Date:                   |                       | Bank              | <b>C</b> :  |                     |
| Cent                                 | er Preference (Code/Na  | ame):            |                      |                            |                            |                       | •                 |             |                     |
| Venu                                 | ue Preference (Code/Na  | ame):            |                      |                            |                            |                       |                   |             |                     |
| To, T                                | The Controller of Exami   | nation,          |                      |                            |                            |                       |                   | Place:      | Vidyavihar          |
|                                      | uest permission to pres<br>are that all statement ma                                  |                  |                      |                            |                            |                       |                   | Date:       | •                   |
| have                                 | gone through the sylla  | bus and the İ    | ist of books prescr  | ibed for the examinatior   | n for which I a            | m appearing. I shall  | not               |             |                     |
|                                      | est for any special conc<br>r ground. I understand t                                  |                  |                      |                            |                            |                       |                   |             |                     |
|                                      | elled or rejected.  | inat iii tiio cv | one or any imormat   | on being tound false of    | moorroot, my               | carialatare is liable | 7 10 00           |             |                     |
|                                      |   | - /al I          |                      |                            |                            |                       |                   | Stu         | dent's Signature    |
|                                      | aration by Principal/HO   | -                |                      | T1 . 6:                    |                            |                       |                   |             |                     |
| resp                                 | form is carefully scrutin<br>onsibility of fulfillment/re<br>se/term work (if any) ac | ectification of  | the information. H   |                            |                            |                       |                   |             |                     |
| Place                                | e:  |                  |                      |                            |                            |                       |                   |             |                     |
| Dat-                                 |   |                  |                      |                            |                            |                       |                   |             |                     |



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

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|                   | PRN:  | Eligi                                   | ibility Status:      | Examination for<br>095132 | m No.:           | Division/Section:       | Roll No                   | ).:               | Palus                  |  |
|-------------------|---|---|----------------------|---------------------------|------------------|-------------------------|---------------------------|-------------------|------------------------|--|
| :                 | 2017016400670085  |   | Eligible             |                           |                  | В                       | 106                       |                   | - Gran                 |  |
| nstrı             | uction Medium:  | <del>.</del>                            |                      |                           |                  | Nationality:            | India                     |                   |                        |  |
|                   |   |   |                      | Student's Per             | sonal Informati  | ion                     |                           |                   |                        |  |
| Stud              | ent's Name: PALVE                                       | YUKTA SUE                               | DHAKAR               |                           |                  | Mother's Name: M        | ANISHA                    | (                 | Gender: Female         |  |
| Nam               | e in Vernacular Langua                                  | age:पालवे युक                           | ता सुधाकर            |                           |                  |                         |                           |                   |                        |  |
| ٩ddr              | ess: FLAT NO-B-16, S                                    | UYOG APAR                               | TMENT PLOT NO        | -53/B, SECTOR-12/B        | KOPAR KHAII      | RNE                     |                           |                   |                        |  |
| City:             | NAVI MUMBAI, Taluka                                     | a: Thane, Dis                           | trict: Thane, State: | Maharashtra, PIN: 40      | 0709             |                         |                           |                   |                        |  |
| Γele <sub>l</sub> | ohone no.:  |   | Mob                  | ile no: 919702872284      |                  | Ema                     | il : yuktapalve           | @gmail.           | com                    |  |
| OOB               | : Apr 06, 1999  | Ca                                      | tegory: Reserved (   | NT-3 (NT-D))              | Physically       | / Handicap: No          |                           |                   |                        |  |
| Prev              | ious Latest Examinatio                                  | n Details: Se                           | m IV(Regular-Rev1    | 16)                       | Exam Even        | nt: Apr-2019            | Sea                       | t No: 066         | 68742 (Status: Pass)   |  |
|                   | n form appearance type                                  | e: Fresher                              |                      |                           |                  |                         |                           |                   |                        |  |
| Pape              | r Details: Plea   | ase select Pa                           | per details which y  | ou want to appear ( U     | A - University A | Assessment,CA - Co      | llege Assessr             | sessment)         |                        |  |
| SN                | Paper Code  |   |                      | Paper Name                | )                |                         |                           |                   | AM - AT                |  |
| 1                 | 86001   | Operation Re                            | esearch              |                           |                  |                         | Th-U                      | A [ ] ;Th-        | CA[]                   |  |
| 2                 | 86004   | HRM in Glob                             | oal Perspective      |                           |                  | Th-U                    | A [ ] ;Th-                | CA[]              |                        |  |
| 3                 | 86010   | HRM in Serv                             | vice Sector Manage   | ement                     |                  | Th-U                    | A [ ] ;Th-                | CA[]              |                        |  |
| 4                 | 86016   | Human Reso                              | ource Accounting a   | nd Audit                  |                  |                         | Th-U                      | Th-UA [];Th-CA [] |                        |  |
| 5                 | 86019   | Indian Ethos                            | in Management        |                           |                  |                         | Th-U                      | A [ ] ;Th-        | CA[]                   |  |
| 6                 | UBMSFSVI.5  | Project Work                            | <                    |                           |                  |                         | Pw-U                      | IA [ ] ;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.                | Co                        | ollege Receipt   | No. and Date:           |                           |                   |                        |  |
| DD N              |   | *************************************** | MICR No:             |                           | DD Date:         | 110. dila Bato.         | Bank                      | ··                |                        |  |
|                   | er Preference (Code/N                                   | ame).                                   | 1                    |                           | 1                |                         | 1-4                       |                   |                        |  |
|                   | e Preference (Code/N                                    |   |                      |                           |                  |                         |                           |                   |                        |  |
| Го, Т             | he Controller of Exam                                   | ination,                                |                      |                           |                  |                         |                           | Place:            | Vidyavihar             |  |
|                   | uest permission to pres                                 |   |                      |                           |                  |                         |                           | D                 | •                      |  |
|                   | are that all statement m<br>gone through the sylla      |   |                      |                           |                  |                         |                           | Date:             |                        |  |
| equ               | est for any special cond                                | cession such                            | as change in time    | or day fixed for univers  | sity Examination | on etc. on religious o  | r any                     |                   |                        |  |
|                   | ground. I understand elled or rejected.                 | that in the eve                         | ent of any informati | ion being found false o   | or incorrect, my | y candidature is liable | e to be                   |                   |                        |  |
| anc               | elled of rejected.                                      |   |                      |                           |                  |                         |                           | St                | udent's Signature      |  |
| Deck              | aration by Principal/HC                                 | D/Chairperso                            | on                   |                           |                  |                         |                           |                   |                        |  |
| This              | form is carefully scruting                              | nized by the (                          | College staff and by | me. The information       | printed in the f | orm is correct to the   | best of my kn             | owledge           | . I also undertake the |  |
|                   | onsibility of fulfillment/r<br>se/term work (if any) ac |   |                      | e/she is regular stude    | nt of this Colle | ge and has complete     | ed the required           | d attenda         | ance and practical     |  |
| Jours             | Societiii work (ii ariy) at                             | Joording to ur                          |                      |                           |                  |                         |                           |                   |                        |  |
| Place             | <u>e:</u>   |   |                      |                           |                  |                         |                           |                   |                        |  |
|                   | -   |   |                      | _                         |                  |                         |                           |                   |                        |  |
| Date              |   |   |                      |                           |                  |                         |                           |                   |                        |  |
|                   | <del>.</del>  |   |                      | College S                 | Staff Signature  |                         | Seal and Signature of     |                   |                        |  |
|                   |   |   |                      | Sollogo otali olgilataro  |                  |                         | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|       | PRN:   | Elig           | ibility Status:      | Examination 09513       |                     | Division/Section:   | Roll No       | u.:               | Jag                 |  |
|-------|--|----------------|----------------------|-------------------------|---------------------|---------------------|---------------|-------------------|---------------------|--|
| :     | 2017016400845116   | P              | Provisional          |                         |                     | В                   |               |                   |                     |  |
| nstru | uction Medium:   |                |                      |                         |                     | Nationality:        | India         |                   |                     |  |
|       |  |                |                      | Student's P             | ersonal Informati   | on                  |               |                   |                     |  |
| Stud  | ent's Name: DUBRI  | YA JAY NAM     | 1JI                  |                         |                     | Mother's Name: M    | UKTABEN       | (                 | Gender: Male        |  |
| Nam   | e in Vernacular Langua   | age: DUBRIY    | A JAY NANJI          |                         |                     |                     |               | '                 |                     |  |
| Addr  | ess: 27/7,MAHAVIR K  | UTIR, GARO     | DIA NAGAR, GHA       | TKOPAR(EAST)            |                     |                     |               |                   |                     |  |
| City: | MUMBAI, Taluka: Kurl   | a, District: M | umbai Suburban, S    | State: Maharashtra, F   | PIN: 400077         |                     |               |                   |                     |  |
| Telep | ohone no.:   |                | Mob                  | ile no: 9190293154      | 95                  | Emai                | ii : JAYDUBRI | YA01@             | GMAIL.COM           |  |
| DOB   | : May 07, 1999   | Ca             | tegory: Open         |                         | Physically          | Handicap: No        |               |                   |                     |  |
| Previ | ious Latest Examinatio   | n Details: Se  | m IV(Regular-Rev     | 16)                     | Exam Even           | t: Apr-2019         | Seat          | t No: 910         | 0098 (Status: Pass) |  |
| Exan  | n form appearance type   | e: Fresher     |                      |                         |                     |                     |               |                   |                     |  |
| Pape  | r 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 Nai               | me                  |                     |               | AM - AT           |                     |  |
| 1     | 86001  | Operation R    | esearch              |                         |                     | Th-U                | A [ ] ;Th-    | CA[]              |                     |  |
| 2     | 86004  | HRM in Glob    | oal Perspective      |                         |                     | Th-U                | A [ ] ;Th-    | CA[]              |                     |  |
| 3     | 86010  | HRM in Serv    | vice Sector Manage   | ement                   |                     | Th-U                | A [ ] ;Th-    | CA[]              |                     |  |
| 4     | 86016  | Human Res      | ource Accounting a   | d Audit                 |                     |                     |               | Th-UA [];Th-CA [] |                     |  |
| 5     | 86019  | Indian Ethos   | in Management        |                         |                     |                     | Th-U          | A [ ] ;Th-        | CA[]                |  |
| 6     | UBMSFSVI.5   | Project Worl   | (                    |                         |                     |                     | Pw-U          | A[];Pw            | /-CA [ ]            |  |
| Conv  | rocation Fee   |                | Exam Form Late       | Fee                     | Exam Form           | Super Late Fee      | Exar          | mination          | Fees                |  |
| Mark  | Statement Fee  |                | Total:               |                         |                     |                     |               |                   |                     |  |
| 2010  | eent Deteiler  | Amount Rece    | in a di              |                         | Callaga Dagaint     | No. and Data:       |               |                   |                     |  |
| DD N  |  | Allioulit Nece | MICR No:             |                         | DD Date:            | No. and Date.       | Ponk          | Bank:             |                     |  |
|       | er Preference (Code/N  | amo):          | INICK NO.            |                         | DD Date.            |                     | Dalik         |                   |                     |  |
|       | ie Preference (Code/N  |                |                      |                         |                     |                     |               |                   |                     |  |
|       | he Controller of Exami   |                |                      |                         |                     |                     |               | I                 | \all_1              |  |
|       | uest permission to pres  |                | or the encuing ever  | nination I have remi    | tted the prescribe  | ad fee for the same | I hereby      | Place:            | Vidyavihar          |  |
| decla | are that all statement m   | iade in this a | pplication are true, | complete and correct    | ct to the best of n | ny knowledge and be | elief. I      | Date:             |                     |  |
|       | gone through the sylla<br>est for any special cond   |                |                      |                         |                     |                     |               |                   |                     |  |
|       | ground. I understand   |                |                      |                         |                     |                     |               |                   |                     |  |
| canc  | elled or rejected.   |                | -                    | -                       | -                   |                     |               | <u>ر</u>          | udent's Signature   |  |
| Decl  | eration by Principal/HC  | D/Chairners    |                      |                         |                     |                     |               | 01                | udent's Signature   |  |
|       | eclaration by Principal/HOD/Chairperson 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 |                |                      |                         |                     |                     |               |                   |                     |  |
| respo | consibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical   |                |                      |                         |                     |                     |               |                   |                     |  |
| cours | se/term work (if any) ad   | ccording to ur | niversity rules.     |                         |                     |                     |               |                   |                     |  |
|       |  |                |                      |                         |                     |                     |               |                   |                     |  |
| Place | 9:   |                |                      |                         |                     |                     |               |                   |                     |  |
| Data  |  |                |                      |                         |                     |                     |               |                   |                     |  |
| Date  |  |                |                      | Callana Chaff Cinnahura |                     | Sool                | and Siar      | nature of         |                     |  |
|       |  |                |                      | College Staff Signature |                     |                     |               |                   | D/Chairperson       |  |



Date:

#### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on

Seal and Signature of

Principal/HOD/Chairperson

Examination form No.: Eligibility Status: PRN: Division/Section: Roll No.: 095134 2017016400852213 C 158 Provisional Instruction Medium: Nationality: India Student's Personal Information Student's Name: **BIYANI NITESH RAJGOPAL** Mother's Name: JYOTI Gender: Male Name in Vernacular Language:बियाणी नितेश राजगोपाल Address: Sai bungalow, behind tata petrol pump Saraswatinagar Sangli City: Sangli, Taluka: Miraj, District: Sangli, State: Maharashtra, PIN: 416416 Telephone no.: Mobile no: 919028663555 Email: niteshbiyani07@gmail.com DOB: Mar 09, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: HSC(Science) Year: 2017 Seat No: 4652444 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 86001 Th-UA [];Th-CA [] Operation Research 86002 Th-UA [ ] ;Th-CA [ ] 2 International Finance \_\_\_ Th-UA [ ] ;Th-CA [ ] 3 86008 Project Management 4 86011 Strategic Financial Management Th-UA[];Th-CA[] 5 86017 Th-UA [ ] ;Th-CA [ ] Indirect Taxes UBMSFSVI.5 Project Work Pw-UA []:Pw-CA [] Convocation Fee Exam Form Late Fee Exam Form Super Late Fee **Examination Fees** Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: MICR No: DD Date: DD No: 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:



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

Application Form for Examination of Summer Session 2020 event.

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

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|       | 551  |                  |                      | Examination form No.:   |                             |                       | Τ , , , ,       |                    |   |  |
|-------|--|------------------|----------------------|-------------------------|-----------------------------|-----------------------|-----------------|--------------------|---|--|
|       | PRN:   |                  | ibility Status:      | 09513                   | 35                          | Division/Section:     | Roll No         | ).:<br>            | Rodan   |  |
|       | 2017016400878864                                   |                  | Eligible             |                         | <u> </u>                    | В                     | 93              |                    |   |  |
| nstrı | uction Medium:                                     |                  |                      |                         |                             | Nationality:          | India           |                    |   |  |
|       |  |                  |                      | Student's P             | Personal Informati          | on                    |                 |                    |   |  |
| Stude | ent's Name: KADAN                                  | M ANKITA AJ      | AY                   |                         |                             | Mother's Name: VA     | AISHALI         | (                  | Gender: Female  |  |
| Nam   | e in Vernacular Langua                             | age:कदम अंवि     | <b>हता</b> अजय       |                         |                             |                       |                 |                    |   |  |
| Addr  | ess: MAHATMA JYOT                                  | IBA PHULE (      | CHS MADHUSADA        | N BLDG 28/415 M/        | AHARSTRA NAG                | AR MANKHURD           |                 |                    |   |  |
|       | MUMBAI, Taluka: Kurl                               | la, District: Mu | umbai Suburban, S    | tate: Maharashtra,      | PIN: 400088                 |                       |                 |                    |   |  |
| Геler | phone no.:   |                  | Moh                  | oile no: 9198196449     | 17                          | Emai                  | il : ANKIIKADA  | AM04@              | GMAIL.COM   |  |
| DOB   | : Sep 04, 1999                                     | Cat              | tegory: Reserved (   | SC)                     |                             | Handicap: No          |                 |                    |   |  |
| Previ | ious Latest Examinatio                             | on Details: Ser  | m IV(Regular-Rev     | 6)                      | Exam Even                   | t: Apr-2019           | Seat            | t No: 066          | 68728 (Status: Pass)  |  |
| Ēxan  | n form appearance type                             | e: Fresher       |                      |                         |                             |                       |                 |                    |   |  |
| Pape  | er Details: Plea                                   | ase select Pa    | per details which y  | ou want to appear (     | UA - University /           | Assessment,CA - Col   | llege Assessr   | sessment)          |   |  |
| SN    | Paper Code   |                  |                      | Paper Nai               | me                          |                       |                 |                    | AM - AT   |  |
| 1     | 86001  | Operation Re     | esearch              |                         |                             |                       | Th-U            | A [ ] ;Th-         | -CA[]   |  |
| 2     | 86004  | HRM in Glob      | oal Perspective      |                         |                             | Th-U                  | A [ ] ;Th-      | -CA [ ]            |   |  |
| 3     | 86010  |                  | vice Sector Manage   |                         | ment                        |                       |                 |                    | -CA[]   |  |
| 4     | 86016  | Human Resc       | ource Accounting a   | nd Audit                |                             |                       | Th-U            | Th-UA [];Th-CA []  |   |  |
| 5     | 86019  | Indian Ethos     | in Management        |                         |                             |                       |                 | A [ ] ;Th-         | -CA[]   |  |
| 6     | UBMSFSVI.5   | Project Work     | (                    |                         |                             |                       | Pw-U            | JA [ ] ;Pw         | v-CA []   |  |
| Conv  | ocation Fee  |                  | Exam Form Late       | Fee                     | ee Exam Form Super Late Fee |                       |                 | mination           | ı Fees  |  |
| Mark  | Statement Fee                                      |                  | Total:               |                         |                             |                       |                 |                    |   |  |
|       | t Datailar   | ^                | to a de              |                         | Callege Beggint             | No and Date:          |                 |                    | -   |  |
| DD N  |  | Amount Recei     | 1                    |                         | College Receipt DD Date:    | No. and Date.         | Pont            |                    |   |  |
|       | งo:<br>er Preference (Code/N                       | lomo):           | MICR No:             |                         | DD Date.                    |                       | Bank            | C:                 |   |  |
|       | ue Preference (Code/N                              |                  |                      |                         |                             |                       |                 |                    |   |  |
|       | The Controller of Exami                            |                  |                      |                         |                             |                       |                 | T <sub>Diago</sub> | \ \( \text{P.d.} \ \  \ \ \text{2b} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |
|       | uest permission to pres                            |                  | or the enguing exar  | nination. I have rem    | itted the prescrib          | ed fee for the same   | I herehy        | Place:             | Vidyavihar  |  |
| decla | are that all statement m                           | nade in this ap  | pplication are true, | complete and correct    | ect to the best of m        | ny knowledge and be   | elief. I        | Date:              |   |  |
|       | gone through the sylla<br>est for any special cond |                  |                      |                         |                             |                       |                 |                    |   |  |
| other | r ground. I understand                             |                  |                      |                         |                             |                       |                 |                    |   |  |
|       | elled or rejected.                                 |                  | -                    | -                       |                             |                       |                 | St                 | tudent's Signature  |  |
| Decl: | aration by Principal/HC                            | >D/Chairners(    |                      |                         |                             |                       |                 | <u> </u>           | udent's dignature   |  |
|       | form is carefully scrutir                          |                  |                      | · mo. The informatic    | on printed in the f         | orm is correct to the | bost of my kn   | -owledge           | a Lalco undertake the   |  |
| respo | onsibility of fulfillment/r                        | rectification of | f the information. H | e/she is regular stur   | dent of this Colle          | ge and has complete   | ed the required | d attenda          | ance and practical  |  |
|       | se/term work (if any) ac                           |                  |                      |                         |                             |                       |                 |                    |   |  |
|       |  |                  |                      | T                       |                             |                       |                 |                    |   |  |
| Place | <del>)</del> :                                     |                  |                      |                         |                             | ļ                     | l               |                    |   |  |
|       |  |                  |                      | -                       |                             | ļ                     | l               |                    |   |  |
| Date: |  |                  |                      | Callaga Staff Signatura |                             | Sool                  | - nd Ciar       |                    |   |  |
|       |  |                  |                      | College                 | College Staff Signature     |                       |                 |                    | nature of<br>D/Chairperson  |  |



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

 $\label{policy density of Summer Session 2020 event.} Application Form for Examination of Summer Session 2020 event.$ 

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

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Examination form No.:



|          | PRN:                     | Eligi                               | ibility Status:                            | 095136   | I INO                       | Division/Section:      | Roll No  | ı.:        | £ 110                |  |
|----------|--------------------------|-------------------------------------|--|--|-----------------------------|------------------------|--|------------|----------------------|--|
| 20       | )17016400963444          | <u></u>                             | Eligible                                   |  | l III                       | В                      | 119  |            | Frage fra .          |  |
| Instruct | tion Medium:             |                                     |  |  |                             | Nationality:           | India  |            |                      |  |
|          |                          |                                     |  | Student's Perso  | onal Informati              | on                     |  |            |                      |  |
| Studen   | nt's Name: SHAIK         | TH SHAGUFT                          | A ANWAR ALI                                |  |                             | Mother's Name: N       | OORJAHAN   | (          | Gender: Female       |  |
| Name i   | in Vernacular Langua     | age:शेख शगुफ                        | ता अन्वर अली                               |  |                             |                        |  |            | 1                    |  |
| Addres   | ss: PLOT NO 29/D/6       | ROAD NO 4                           | SHIVAJI NAGAR C                            | GOVANDI  |                             |                        |  |            |                      |  |
| City: M  | UMBAI, Taluka: Kur       | la, District: Mı                    | umbai Suburban, S                          | State: Maharashtra, PIN:   | 400043                      |                        |  |            |                      |  |
| Telepho  | one no.:                 |                                     | Mob  | oile no: 919967007216  |                             | Ema                    | il : shaikhamre                                    | en773@     | @gmail.com           |  |
| DOB: C   | Oct 29, 1999             | Ca                                  | tegory: Open                               |  | Physically                  | Handicap: No           |  |            |                      |  |
|          | us Latest Examinatio     |                                     | m IV(Regular-Rev1                          | 16)  | Exam Even                   | t: Apr-2019            | Seat   | t No: 066  | 68756 (Status: Pass) |  |
| Exam f   | form appearance type     | e: Fresher                          |  |  |                             |                        |  |            |                      |  |
| Paper [  | Details: Plea            | ase 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        | 86001                    | Operation Re                        | esearch                                    |  |                             | Th-U                   | A [ ] ;Th-   | -CA[]      |                      |  |
| 2        | 86004                    | HRM in Glob                         | pal Perspective                            |  |                             | Th-U                   | A [ ] ;Th-   | -CA[]      |                      |  |
| 3        | 86010                    | HRM in Serv                         | vice Sector Manage                         | ment   |                             | Th-U/                  | n-UA [ ] ;Th-CA [ ]                                |            |                      |  |
| 4        | 86016                    | Human Resc                          | ource Accounting a                         | nd Audit   |                             |                        | Th-U/  | A [ ] ;Th- | -CA[]                |  |
| 5        | 86019                    | Indian Ethos                        | s in Management                            |  |                             |                        | Th-U/  | A [ ] ;Th- | -CA [ ]              |  |
| 6        | UBMSFSVI.5               | Project Work                        | (  |  |                             |                        | Pw-U   | IA [ ] ;Pw | v-CA []              |  |
| Convoc   | cation Fee               |                                     | Exam Form Late I                           | Fee  | ee Exam Form Super Late Fee |                        |  | mination   | ı Fees               |  |
| Mark S   | Statement Fee            |                                     | Total:                                     |  |                             |                        |  |            |                      |  |
|          |                          |                                     | <u> </u>                                   |  | <del></del>                 |                        |  |            |                      |  |
|          |                          | Amount Recei                        |  | <u> </u>   |                             | No. and Date:          | lpi  |            |                      |  |
| DD No:   |                          | . ,                                 | MICR No:                                   |  | DD Date:                    |                        | Bank   |            |                      |  |
|          | Preference (Code/N       |                                     |  |  |                             |                        |  |            |                      |  |
|          | Preference (Code/N       | •                                   |  |  |                             |                        |  |            |                      |  |
| •        | e Controller of Exami    | •                                   |  |  |                             |                        |  | Place:     | Vidyavihar           |  |
| declare  | e that all statement m   | nade in this ap                     | pplication are true,                       | nination. I have remitted<br>complete and correct to<br>ibed for the examination | the best of n               | ny knowledge and be    | elief. I   | Date:      |                      |  |
| request  | t for any special con    | icession such                       | as change in time                          | or day fixed for universit   | ty Examination              | on etc. on religious o | r any  |            |                      |  |
| other gi | round. I understand      |                                     |  | ion being found false or   |                             |                        |  |            |                      |  |
| cancell  | led or rejected.         |                                     |  |  |                             |                        |  | St         | tudent's Signature   |  |
| Declara  | ation by Principal/HC    | OD/Chairpers                        | on   |  |                             |                        |  |            | <u> </u>             |  |
| This for | orm is carefully scrutin | inized by the C<br>rectification of | College staff and by f the information. He | y me. The information pr<br>le/she is regular student                            |                             |                        |  |            |                      |  |
| Place:   |                          |                                     |  |  |                             |                        |  |            |                      |  |
|          |                          |                                     |  | _  |                             |                        |  |            |                      |  |
| Date:    |                          |                                     |  |  |                             |                        |  |            |                      |  |
|          |                          |                                     |  | College Staff Signature  |                             |                        | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|       | PRN:  | Eligi           | bility Status:       | Examination for 09513        |                             | Division/Section:       | Roll No  | .:                | Jarus                |  |
|-------|---|-----------------|----------------------|------------------------------|-----------------------------|-------------------------|--|-------------------|----------------------|--|
|       | 2017016401162656  |                 | Eligible             |                              |                             | Α                       | 24   |                   |                      |  |
| Instr | uction Medium:  |                 |                      |                              |                             | Nationality:            | India  |                   |                      |  |
|       |   |                 |                      | Student's Pe                 | ersonal Informati           | on                      |  |                   |                      |  |
| Stud  | ent's Name: JAISW   | AL TARUN R      | AJU                  |                              |                             | Mother's Name: U        | SHA  | (                 | Gender: Male         |  |
| Nam   | e in Vernacular Langu   | age:जायसवाल     | तरूण राजू            |                              |                             |                         |  |                   |                      |  |
| Addr  | ess: 407/A WING LAM   | IBODER NIW      | AS DIVA EAST, TI     | HANE                         |                             |                         |  |                   |                      |  |
| City: | DIVA, Taluka: Thane,  | District: Than  | e, State: Maharasl   | ntra, PIN: 400612            |                             |                         |  |                   |                      |  |
| Tele  | ohone no.:  |                 | Mob                  | ile no: 91704572852          | <u>?</u> 1                  | Emai                    | I : TARUN.JA                                       | ISWALC            | 95@GMAIL.COM         |  |
| DOB   | : May 01, 1999  | Ca              | tegory: Open         |                              | Physically                  | Handicap: No            |  |                   |                      |  |
| Prev  | ious Latest Examinatio  | on Details: Se  | m IV(Regular-Rev     | 6)                           | Exam Even                   | t: Apr-2019             | Seat   | t No: 060         | 68672 (Status: Pass) |  |
| Exar  | n form appearance typ   | e: Fresher      |                      |                              |                             |                         |  |                   |                      |  |
| Pape  | er Details: Ple   | ase select Pa   | per details which y  | ou want to appear ( l        | JA - University A           | ssessment,CA - Co       | llege Assessn                                      | nent)             |                      |  |
| SN    | Paper Code  |                 |                      | Paper Nan                    | ne                          |                         |  | AM - AT           |                      |  |
| 1     | 86001   | Operation Re    | esearch              |                              |                             |                         | Th-U   | A [ ] ;Th-        | -CA[]                |  |
| 2     | 86003   | Brand Manag     | gement               |                              |                             |                         | Th-U   | A [ ] ;Th-        | -CA[]                |  |
| 3     | 86006   | Retail Manag    | gement               |                              |                             |                         | Th-U   | Th-UA [];Th-CA [] |                      |  |
| 4     | 86009   | International   | Marketing            |                              |                             |                         | Th-U   | Th-UA [];Th-CA [] |                      |  |
| 5     | 86012   | Media Plann     | ing and Managem      | ent                          |                             |                         | Th-U   | A [ ] ;Th-        | -CA[]                |  |
| 6     | UBMSFSVI.5  | Project Work    | (                    |                              |                             |                         | Pw-U   | A[];Pw            | v-CA []              |  |
| Conv  | ocation Fee   |                 | Exam Form Late       | Fee                          | ee Exam Form Super Late Fee |                         |  | mination          | Fees                 |  |
| Mark  | Statement Fee   |                 | Total:               |                              |                             |                         |  |                   |                      |  |
| _     |   |                 |                      | T.                           |                             |                         |  |                   |                      |  |
|       |   | Amount Rece     | 1                    |                              | College Receipt             | No. and Date:           | - In .   |                   |                      |  |
| DD N  |   | 1               | MICR No:             |                              | DD Date:                    |                         | Bank   | :                 |                      |  |
|       | er Preference (Code/N   |                 |                      |                              |                             |                         |  |                   |                      |  |
|       | le Preference (Code/N   |                 |                      |                              |                             |                         |  | 1                 |                      |  |
|       | he Controller of Exam   |                 |                      | de alta a de la comunicación | real the consequence        | al for for the constant | l le conte   | Place:            | Vidyavihar           |  |
| decla | uest permission to preare that all statement no gone through the sylla  | nade in this ap | oplication are true, | complete and correc          | t to the best of m          | ny knowledge and be     | elief. I   | Date:             |                      |  |
| requ  | est for any special con   | cession such    | as change in time    | or day fixed for unive       | ersity Examination          | n etc. on religious o   | any  |                   |                      |  |
| othe  | ground. I understand elled or rejected.   | that in the eve | ent of any informat  | on being found false         | or incorrect, my            | candidature is liable   | e to be  |                   |                      |  |
| caric | clica of rejected.  |                 |                      |                              |                             |                         |  | St                | udent's Signature    |  |
| Decl  | aration by Principal/H0   | DD/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 rse/term work (if any) according to university rules. |                 |                      |                              |                             |                         |  |                   |                      |  |
| Place | ə:  |                 |                      |                              |                             |                         |  |                   |                      |  |
| Date  |   |                 |                      |                              |                             |                         |  |                   |                      |  |
| Jaio  | •   |                 |                      | College Staff Signature      |                             |                         | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

Examination form No.:

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| PRN: Eligibility Status: |  |                 |                      | Examination form No.: 095138 | Division/Section:             | Roll No                   | <b>)</b> .:       | 2 10 w     |                      |
|--------------------------|--|-----------------|----------------------|------------------------------|-------------------------------|---------------------------|-------------------|------------|----------------------|
| ;                        | 2017016401163516   |                 | Eligible             |                              |                               | В                         | 86                |            | Broker               |
| Instru                   | uction Medium:   | -               |                      |                              |                               | Nationality:              | India             |            |                      |
|                          |  |                 |                      | Student's Pr                 | ersonal Informati             | ion                       |                   |            |                      |
| Stud                     | ent's Name: GHAG   | OMKAR PRA       | KASH                 |                              |                               | Mother's Name: Al         | NKITA             |            | Gender: Male         |
| Nam                      | e in Vernacular Langua   | age:ओमकार ऽ     | म्बाश घाग            |                              |                               |                           |                   |            |                      |
| Addr                     | ess: j-14,room no.4, ba  | arvenagar col   | ony bhatwadi,ghat    | кораr(W) mumbai-4(           | 00084                         |                           |                   |            |                      |
|                          | mumbai, Taluka: Kurla  | a, District: Mu |                      |                              |                               |                           |                   |            |                      |
|                          | phone no.:   |                 |                      | oile no: 91989286484         |                               |                           | il : omkarghag    | კ2699@დ    | gmail.com            |
| DOB                      | : Oct 26, 1999   | Cat             | tegory: Open         |                              | Physically                    | y Handicap: No            |                   |            |                      |
|                          | ious Latest Examinatio   |                 | m IV(Regular-Rev1    | 16)                          | Exam Ever                     | nt: Apr-2019              | Sea               | t No: 066  | 68723 (Status: Pass) |
|                          | n form appearance type   | e: Fresher      |                      |                              |                               |                           |                   |            |                      |
| Pape                     | er Details: Plea   | ase select Pa   | per details which y  | rou want to appear ( l       | UA - University A             | llege Assessr             | ment)             |            |                      |
| SN                       | Paper Code   |                 |                      | Paper Nan                    | me                            |                           |                   |            | AM - AT              |
| 1                        | 86001  | Operation Re    | esearch              |                              |                               | Th-U                      | A [ ] ;Th-        | ·CA[]      |                      |
| 2                        | 86004  | HRM in Glob     | oal Perspective      |                              |                               | Th-U                      | A [ ] ;Th-        | ·CA []     |                      |
| 3                        | 86010  | HRM in Serv     | vice Sector Manage   | ement                        |                               | Th-U                      | h-UA [] ;Th-CA [] |            |                      |
| 4                        | 86016  | Human Resc      | ource Accounting a   | nd Audit                     |                               |                           | Th-U              | A [ ] ;Th- | CA[]                 |
| 5                        | 86019  | Indian Ethos    | in Management        |                              |                               |                           | Th-U              | A [ ] ;Th- | ·CA[]                |
| 6                        | UBMSFSVI.5   | Project Work    | (                    |                              |                               |                           | Pw-U              | JA [ ] ;Pw | /-CA []              |
| Conv                     | ocation Fee  |                 | Exam Form Late       | Fee                          | Exam Form                     | Super Late Fee            | Exa               | mination   | Fees                 |
| Mark                     | Statement Fee  |                 | Total:               |                              |                               |                           |                   |            |                      |
|                          |  |                 |                      |                              |                               |                           |                   |            |                      |
|                          |  | Amount Recei    | T                    | (                            | College Receipt No. and Date: |                           |                   |            |                      |
| DD N                     |  |                 | MICR No:             |                              | DD Date:                      |                           | Bank              | <u>C:</u>  |                      |
|                          | er Preference (Code/N  |                 |                      |                              |                               |                           |                   |            |                      |
|                          | ue Preference (Code/Na   |                 |                      |                              |                               |                           |                   |            |                      |
|                          | The Controller of Exami  | •               |                      |                              |                               |                           |                   | Place:     | Vidyavihar           |
| decla                    | uest permission to pres<br>are that all statement m<br>gone through the sylla  | nade in this ap | pplication are true, | complete and correct         | ct to the best of n           | my knowledge and be       | elief. I          | Date:      |                      |
| reque                    | est for any special cond   | cession such    | as change in time    | or day fixed for unive       | ersity Examination            | on etc. on religious o    | or any            |            |                      |
|                          | r ground. I understand t<br>elled or rejected.   | that in the eve | ent of any informati | on being found false         | ⇒ or incorrect, my            | y candidature is liable   | e to be           |            |                      |
| Cario                    | med of rejected.   |                 |                      |                              |                               |                           |                   | St         | udent'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 ourse/term work (if any) according to university rules. |                 |                      |                              |                               |                           |                   |            |                      |
| Place                    | <b>3</b> :   |                 |                      |                              |                               |                           |                   |            |                      |
| Date                     | :  |                 |                      | College                      | e Staff Signature             |                           |                   | and Sign   |                      |
|                          |  |                 |                      |                              |                               | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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| PRN: Eligibility Status: |   |                 |                      | Examination form 095139                            | ı No.:         | Division/Section:     | Roll I             | No.:                      | C38.09                                  |  |
|--------------------------|---|-----------------|----------------------|--|----------------|-----------------------|--------------------|---------------------------|---|--|
|                          | 2017016401251594  |                 | Eligible             |  |                | В                     | 87                 | 7                         |   |  |
| Instr                    | uction Medium:  |                 |                      |  |                | Nationality:          | India              |                           |   |  |
|                          |   |                 |                      | Student's Perso                                    | nal Informati  | on                    | ,                  |                           |   |  |
| Stud                     | ent's Name: GHAG  | SHIVANI BH      | IKAJI                |  |                | Mother's Name: SI     | HEELA              | (                         | Gender: Female                          |  |
| Nam                      | e in Vernacular Langua  | age:घाग शिवा    | नी भिकाजी            |  |                |                       |                    |                           |   |  |
|                          | ess: SANT GAJANAN<br>TKOPAR WEST  | MAHARAJ M       | ANDIR MARG RO        | OM NO.2 , SANT MUK                                 | TABAI HOSP     | ITAL STAFF QURTI      | ERS , BAR\         | VE NAGAF                  | R BHATWADI                              |  |
| City:                    | MUMBAI, Taluka: Kurl  | a, District: Mu | ımbai Suburban, S    | tate: Maharashtra, PIN:                            | 400084         |                       |                    |                           |   |  |
| Tele                     | phone no.:  |                 | Mob                  | ile no: 919920881972                               |                | Emai                  | I : SHIVGH         | GHAG4@GMAIL.COM           |   |  |
| DOB                      | : Sep 10, 1999  | Cat             | egory: Open          |  | Physically     | Handicap: No          |                    |                           |   |  |
| Prev                     | ious Latest Examinatio  | n Details: Ser  | m IV(Regular-Rev1    | 6)   | Exam Even      | t: Apr-2019           | Se                 | eat No: 066               | 68724 (Status: Pass)                    |  |
| Exar                     | n form appearance type  |                 |                      |  |                |                       |                    |                           |   |  |
| Pape                     | er Details: Plea  | se select Pa    | per details which ye | ou want to appear ( UA                             | - University A | ssessment,CA - Co     | llege Asses        | sment)                    |   |  |
| SN                       | Paper Code  |                 |                      | Paper Name   |                |                       |                    |                           | AM - AT                                 |  |
| 1                        | 86001   | Operation Re    |                      |  |                | Th-                   | ·UA [ ] ;Th-       | CA[]                      |   |  |
| 2                        |   | HRM in Glob     | al Perspective       |  |                | Th-                   | ·UA [ ] ;Th-       | CA[]                      |   |  |
| 3                        | 86010   |                 | ice Sector Manage    |  |                |                       | Th-UA [] ;Th-CA [] |                           |   |  |
| 4                        | 86016   |                 | ource Accounting a   | nd Audit   |                |                       | Th-                | ·UA [ ] ;Th-              | CA[]                                    |  |
| 5                        | 86019   | Indian Ethos    | in Management        |  |                |                       |                    | UA [ ] ;Th-               | • |  |
| 6                        | UBMSFSVI.5  | Project Work    |                      |  |                |                       |                    |                           | r-CA []                                 |  |
| Conv                     | vocation Fee  |                 | Exam Form Late I     | Fee  | Exam Form      | Super Late Fee        | Ex                 | kamination                | Fees                                    |  |
| Mark                     | Statement Fee   |                 | Total:               |  |                |                       |                    |                           |   |  |
| Pavr                     | nent Details:   | Amount Recei    | ived:                | Coll   | ege Receint    | No. and Date:         |                    |                           |   |  |
| DD 1                     |   |                 | MICR No:             |  | DD Date:       |                       | Ва                 | nk:                       |   |  |
|                          | er Preference (Code/N   | ame):           | 1                    |  |                |                       | 1                  |                           |   |  |
| Venu                     | ue Preference (Code/Na  | <br>ame):       |                      |  |                |                       |                    |                           |   |  |
|                          | The Controller of Exami   |                 |                      |  |                |                       |                    | Place:                    | Vidyavihar                              |  |
|                          |   |                 |                      | nination. I have remitted                          |                |                       |                    |                           | riaya vinai                             |  |
|                          |   |                 |                      | complete and correct to<br>bed for the examination |                |                       |                    | Date:                     |   |  |
|                          |   |                 |                      | or day fixed for universit                         |                |                       |                    |                           |   |  |
|                          |   | that 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                       |  |
| Decl                     | aration by Principal/HO   | 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 ourse/term work (if any) according to university rules. |                 |                      |  |                |                       |                    |                           |   |  |
| Plac                     | e:  |                 |                      |  |                |                       |                    |                           |   |  |
| Date                     | :   |                 |                      | College Sta  | aff Signature  |                       |                    | al and Sigr<br>ncipal/HOI | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|        | PRN:  | Eligi            | bility Status:       | Examination fo<br>095140 |                  | Division/Section:    | Roll No                   | ):                | Disjonds             |  |
|--------|---|------------------|----------------------|--------------------------|------------------|----------------------|---------------------------|-------------------|----------------------|--|
|        | 2017016401264084  | Р                | rovisional           |                          |                  | В                    | 89                        |                   | bust                 |  |
| Instru | uction Medium:  |                  |                      |                          |                  | Nationality:         | India                     |                   |                      |  |
|        |   |                  |                      | Student's Per            | sonal Informati  | on                   |                           |                   |                      |  |
| Stud   | ent's Name: JAIN P  | RIYANSH PA       | WAN                  |                          |                  | Mother's Name: N     | SHA                       | (                 | Gender: Male         |  |
| Nam    | e in Vernacular Langua  | age:जैन प्रिय    | iश पवन               |                          |                  |                      |                           |                   |                      |  |
| Addr   | ess: SHAH MITHALAL  | AZIZ COMP        | OUND, NEAR NIR       | MAL LIFESTYLE, LB        | S MARG, MUL      | JND WEST, MUMBA      | ΑI                        |                   |                      |  |
| City:  | MUMBAI, Taluka: Kurl  | la, District: Mi | umbai Suburban, S    | tate: Maharashtra, Pl    | N: 400080        |                      |                           |                   |                      |  |
| Tele   | ohone no.:  |                  | Mot                  | ile no: 918655792155     | 5                | Emai                 | l:                        |                   |                      |  |
| DOB    | : Jul 19, 1999  | Ca               | tegory: Open         |                          | Physically       | Handicap: No         |                           |                   |                      |  |
| Prev   | ious Latest Examinatio  | n Details: Se    | m IV(Regular-Rev     | 16)                      | Exam Even        | t: Apr-2019          | Seat                      | t No: 066         | 68725 (Status: Pass) |  |
| Exan   | n form appearance type  | e: Fresher       |                      |                          |                  |                      |                           |                   |                      |  |
| Pape   | er Details: Plea  | ase select Pa    | per details which y  | ou want to appear ( U    | A - University A | Assessment,CA - Co   | llege Assessn             | nent)             |                      |  |
| SN     | Paper Code  |                  |                      | Paper Nam                | е                |                      |                           | AM - AT           |                      |  |
| 1      | 86001   | Operation Re     | esearch              |                          |                  |                      | Th-U                      | A [ ] ;Th-        | CA[]                 |  |
| 2      | 86004   | HRM in Glob      | al Perspective       |                          |                  |                      | Th-U                      | A [ ] ;Th-        | CA[]                 |  |
| 3      | 86010   |                  | ice Sector Manage    | ment                     |                  |                      | Th-U                      | Th-UA [];Th-CA [] |                      |  |
| 4      | 86016   | Human Reso       | ource Accounting a   | nd Audit                 |                  |                      | Th-UA[];Th-CA[]           |                   |                      |  |
| 5      | 86019   | Indian Ethos     | in Management        |                          |                  |                      | Th-U                      | A [ ] ;Th-        | CA[]                 |  |
| 6      | UBMSFSVI.5  | Project Work     |                      |                          |                  |                      | Pw-U                      | A[];Pw            | /-CA[]               |  |
| Conv   | ocation Fee   |                  | Exam Form Late       | Fee                      | Exam Form        | Super Late Fee       | Exa                       | mination          | Fees                 |  |
| Mark   | Statement Fee   |                  | Total:               |                          |                  |                      |                           |                   |                      |  |
| Davr   | nent Details:   | Amount Rece      | ivod:                | <u></u>                  | ollege Receipt   | No. and Date:        |                           |                   |                      |  |
| DD N   |   | Alliount Nece    | MICR No:             |                          | DD Date:         | No. and Date.        | Bank                      |                   |                      |  |
|        | er Preference (Code/N   | lame).           | INIOTY NO.           |                          | DD Date.         |                      | Dank                      |                   |                      |  |
|        | ie Preference (Code/N   |                  |                      |                          |                  |                      |                           |                   |                      |  |
|        | he Controller of Exam   |                  |                      |                          |                  |                      |                           | Place:            | Vidyavihar           |  |
|        | uest permission to pres   |                  | r the ensuing exar   | nination. I have remitte | ed the prescribe | ed fee for the same. | I hereby                  | i lace.           | vidyaviilai          |  |
| decla  | are that all statement m  | nade in this ap  | oplication are true, | complete and correct     | to the best of n | ny knowledge and be  | elief. I                  | Date:             |                      |  |
|        | gone through the sylla<br>est for any special cond  |                  |                      |                          |                  |                      |                           |                   |                      |  |
| othe   | ground. I understand  |                  |                      |                          |                  |                      |                           |                   |                      |  |
| canc   | elled or rejected.  |                  |                      |                          |                  |                      |                           | St                | udent's Signature    |  |
| Deck   | aration by Principal/HC   | D/Chairperso     | on                   |                          |                  |                      |                           |                   |                      |  |
| This   | form is carefully scruting  | nized by the (   | College staff and by |                          |                  |                      |                           |                   |                      |  |
|        | consibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical rese/term work (if any) according to university rules. |                  |                      |                          |                  |                      |                           |                   |                      |  |
| cour   | se/term work (ii any) at  | cording to ur    | iiversity rules.     | _ <del>_</del>           |                  |                      |                           |                   |                      |  |
| Place  | <b>9</b> :  |                  |                      |                          |                  |                      |                           |                   |                      |  |
|        |   |                  |                      | _                        |                  |                      |                           |                   |                      |  |
| Date   | :   |                  |                      |                          |                  |                      |                           |                   |                      |  |
|        |   |                  |                      | College S                | Staff Signature  |                      | Seal and Signature of     |                   |                      |  |
|        |   |                  |                      | Conogo otan oignataro    |                  |                      | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson



|                | PRN:  | Eligibility Status:   | Examination for<br>095141                            | m No.:                              | Division/Section:                         | Roll No                            | 90  | - + -                    |
|----------------|---|---|--|-------------------------------------|---|------------------------------------|---|--------------------------|
| :              | 2017016401264092                                      | Eligible  |  |                                     | В   | 92                                 | 02  | oorti'                   |
| Instru         | uction Medium:  | _   |  |                                     | Nationality:                              | India                              | -   |                          |
|                |   |   | Student's Pers                                       | onal Informat                       | ion                                       |                                    |   |                          |
| Stud           | ent's Name: JOSHI P                                   | OORTI JAWAHAR   |  |                                     | Mother's Name: N                          | AYANA                              | Gender: Fe                                | emale                    |
| Nam            | e in Vernacular Languag                               | e:पूर्ति जवाहर जोशी   |  |                                     |   |                                    |   |                          |
|                |   | 1 CHSL KOLBAD ROAD,   |  |                                     |   |                                    |   |                          |
| City:          | THANE WEST, Taluka:                                   | Thane, District: Thane, Stat  | e: Maharashtra, PIN: 400                             | 0601                                |   |                                    |   |                          |
| Tele           | ohone no.:  | M   | obile no: 919969305425                               |                                     | Emai                                      | l : joshipoorti@                   | gmail.com                                 |                          |
| DOB            | : May 26, 1999  | Category: Open  |  | Physically                          | Handicap: No                              |                                    |   |                          |
| Prev           | ious Latest Examination                               | Details: Sem IV(Regular-Re  | v16)   | Exam Ever                           | nt: Apr-2019                              | Seat                               | No: 0668727 (Sta                          | ıtus: Pass)              |
| Exan           | n form appearance type:                               | Fresher   |  |                                     |   |                                    |   |                          |
| Pape           |   | e select Paper details which  | you want to appear ( UA                              | A - University                      | Assessment,CA - Co                        | llege Assessn                      | nent)                                     |                          |
| SN             | Paper Code  |   | Paper Name   | !                                   |   |                                    | AM - A                                    | Т                        |
| 1              | 86001 C   | peration Research   |  |                                     |   | Th-U/                              | A[];Th-CA[]                               |                          |
| 2              | 86004 H   | IRM in Global Perspective   |  |                                     |   | Th-U                               | A[];Th-CA[]                               |                          |
| 3              | 86010 H   | IRM in Service Sector Mana  | gement   |                                     |   | Th-U                               | A[];Th-CA[]                               |                          |
| 4              | 86016 H   | luman Resource Accounting   | and Audit  |                                     |   | Th-U                               | A[];Th-CA[]                               |                          |
| 5              | 86019 Ir  | ndian Ethos in Management   |  |                                     |   | Th-U                               | A[];Th-CA[]                               |                          |
| 6              | UBMSFSVI.5 P  | roject Work   |  |                                     |   | Pw-U                               | A [ ] ;Pw-CA [ ]                          |                          |
| Conv           | ocation Fee   | Exam Form Lat   | e Fee  | Exam Form                           | Super Late Fee                            | Exar                               | nination Fees                             |                          |
| Mark           | Statement Fee   | Total:  |  |                                     |   |                                    |   |                          |
|                |   |   | 10   |                                     |   |                                    |   |                          |
| _              |   | nount Received:   | Co   |                                     | No. and Date:                             | - In .                             |   |                          |
| DD N           |   | MICR No:  |  | DD Date:                            |   | Bank                               | :   |                          |
|                | er Preference (Code/Nar                               |   |  |                                     |   |                                    |   |                          |
|                | ie Preference (Code/Nar                               | <u> </u>  |  |                                     |   |                                    |   |                          |
|                | he Controller of Examina                              |   |  |                                     |   |                                    | Place: <b>Vidyavi</b> l                   | har                      |
| decla          | are that all statement mad                            | nt myself for the ensuing ex<br>de in this application are tru<br>us and the list of books pres | e, complete and correct t                            | o the best of r                     | ny knowledge and be                       | elief. I                           | Date:                                     |                          |
| reque<br>other | est for any special conce<br>ground. I understand the | ession such as change in time at in the event of any inform                                     | e or day fixed for univers                           | ity Examination                     | on etc. on religious o                    | r any                              |   |                          |
| canc           | elled or rejected.                                    |   |  |                                     |   |                                    | Student's Siç                             | gnature                  |
|                | aration by Principal/HOD                              |   |  |                                     |   |                                    |   |                          |
| resp           | onsibility of fulfillment/red                         | zed by the College staff and<br>ctification of the information.<br>ording to university rules.  | by me. The information p<br>He/she is regular studer | orinted in the to<br>tof this Colle | orm is correct to the ge and has complete | best of my knord<br>d the required | owledge. I also und<br>I attendance and p | dertake the<br>oractical |
| Place          | e:  |   |  |                                     |   |                                    |   |                          |
| Date           | :   |   |  |                                     |   |                                    |   |                          |



Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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| PRN: Eligibility Status: |                          |                 |                       | Examination form 095142                                | No.:           | Division/Section:     | Roll No       | <b>)</b> .:       | addine -             |  |
|--------------------------|--------------------------|-----------------|-----------------------|--|----------------|-----------------------|---------------|-------------------|----------------------|--|
| :                        | 2017016401264103         |                 | Eligible              |  |                | С                     | 179           |                   | 49                   |  |
| nstru                    | uction Medium:           |                 | -                     |  |                | Nationality:          | India         |                   |                      |  |
|                          |                          |                 |                       | Student's Perso  | nal Informati  | on                    |               |                   |                      |  |
| Stude                    | ent's Name: <b>MEHT</b>  | A NISHTHA K     | KETAN SHIVANI         |  |                | Mother's Name: Sh     | IIVANI        |                   | Gender: Female       |  |
| Nam                      | e in Vernacular Langua   | age:મેહતા નિષ   | ષ્ઠા કેતન             |  |                |                       |               |                   |                      |  |
| Addr                     | ess: T/4, `B' WING, `D   | EVKRUPA' ŀ      | (HALAI CO-OP SC       | OC NATH PAI NAGAR, O                                   | SHATKOPAF      | R (EAST) MUMBAI 40    | 00077         |                   |                      |  |
| City:                    | MUMBAI, Taluka: Kurl     | la, District: M | umbai Suburban, S     | State: Maharashtra, PIN:                               | 400077         |                       |               |                   |                      |  |
| Telep                    | phone no.: 25069752      | ,               | Mob                   | oile no: 919619457670                                  |                | Email                 | : nishthakme  | ehta.nkm          | n@gmail.com          |  |
| OOB                      | : Jul 24, 1999           | Ca              | tegory: Open          |  | Physically     | Handicap: No          |               |                   |                      |  |
| Previ                    | ous Latest Examinatio    | n Details: Se   | m IV(Regular-Rev1     | 16)  | Exam Even      | t: Apr-2019           | Sea           | t No: 066         | 68615 (Status: Pass) |  |
|                          | n form appearance type   |                 |                       |  |                |                       |               |                   |                      |  |
|                          |                          | ase 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                        | 86001                    | Operation R     |                       |  |                |                       |               | A [ ] ;Th-        |                      |  |
| 2                        | 86002                    | International   |                       |  |                |                       |               | A [ ] ;Th-        |                      |  |
| 3                        | 86008                    | Project Mana    |                       |  |                |                       |               | A [ ] ;Th-        |                      |  |
| 4                        | 86011                    |                 | nancial Managemer     | nt   |                |                       |               | A [ ] ;Th-        |                      |  |
| 5                        | 86017                    | Indirect Taxe   | <del>2</del> S        |  |                |                       |               | Th-UA [];Th-CA [] |                      |  |
| 6                        | UBMSFSVI.5               | Project Work    |                       |  |                |                       |               | JA [ ] ;Pw        |                      |  |
| Conv                     | ocation Fee              |                 | Exam Form Late        | ee Exam Form Super Late Fee                            |                |                       | Exa           | mination          | Fees                 |  |
| Mark                     | Statement Fee            |                 | Total:                |  |                |                       |               |                   |                      |  |
| Pavn                     | nent Details:            | Amount Rece     | eived:                | Colle  | eae Receipt    | No. and Date:         |               |                   |                      |  |
| DD N                     |                          |                 | MICR No:              | <u> </u>   | DD Date:       |                       | Bank          | k:                |                      |  |
| Cent                     | er Preference (Code/N    | lame):          |                       | <b>'</b>   |                |                       | l .           |                   |                      |  |
| √enu                     | e Preference (Code/N     | ame):           |                       |  |                |                       |               |                   |                      |  |
| Γο, Τ                    | he Controller of Exam    | ination,        |                       |  |                |                       |               | Place:            | Vidyavihar           |  |
|                          |                          |                 |                       | nination. I have remitted complete and correct to      |                |                       |               | Date:             |                      |  |
| nave                     | gone through the sylla   | abus and the    | list of books prescri | ibed for the examination                               | for which I a  | m appearing. I shall  | not           | <u> </u>          |                      |  |
|                          |                          |                 |                       | or day fixed for universit<br>ion being found false or |                |                       |               |                   |                      |  |
|                          | elled or rejected.       | uiai iii uie ev | ent of any informati  | ion being lound raise or i                             | incorrect, my  | Candidature is liable | i lo be       |                   |                      |  |
|                          |                          |                 |                       |  |                |                       | Stı           | udent's Signature |                      |  |
|                          | aration by Principal/HC  | -               |                       |  |                |                       |               |                   |                      |  |
|                          |                          |                 |                       | y me. The information pr<br>e/she is regular student   |                |                       |               |                   |                      |  |
|                          | se/term work (if any) ac |                 |                       | e.ee io regular eluderit                               | co cono;       | je and nao complete   | a alo roquilo |                   |                      |  |
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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|   | PRN:   | Eligi           | bility Status:       | Examination 09514    |                          | Division/Section:                            | Roll No           | ı.:               | $\mathcal{A}$              |  |
|---|--|-----------------|----------------------|----------------------|--------------------------|--|-------------------|-------------------|----------------------------|--|
| 20170                                     | 16401264111  |                 | Eligible             |                      |                          | С  | 216               |                   | Ufmaar                     |  |
| Instruction                               | Medium:  |                 |                      |                      |                          | Nationality:                                 | India             |                   |                            |  |
|   |  |                 |                      | Student's P          | ersonal Informat         | ion  |                   |                   |                            |  |
| Student's N                               | lame: IMAN   | JAVED TOLE      |                      |                      |                          | Mother's Name: F                             | ARZANA            | (                 | Gender: Female             |  |
| Name in Ve                                | ernacular Langua   | age:इमान जावे   | वेद टोले             |                      |                          |  |                   |                   |                            |  |
| Address: B                                | UILDING NO - 3   | 0, FLAT NO -    | · 8 LIG COLONY, \    | /INOBA BHAVE NA      | GAR KURLA PI             | PE ROAD, KURLA V                             | /EST              |                   |                            |  |
| City: MUME                                | BAI, Taluka: Mur   | nbai, District: | Mumbai City, Stat    | e: Maharashtra, PIN  | : 400070                 |  |                   |                   |                            |  |
| Telephone                                 | no.: 91  |                 | Mot                  | oile no: 9190047173  | 53                       | Ema  | il : maparinafis  | sa@gma            | ail.com                    |  |
| DOB: Dec (                                | 09, 1999   | Cat             | tegory: Open         |                      | Physicall                | y Handicap: No                               |                   |                   |                            |  |
| Previous La                               | atest Examinatio   | n Details: Sei  | m IV(Regular-Rev     | 16)                  | Exam Eve                 | nt: Apr-2019                                 | Seat              | t No: 066         | 68647 (Status: Pass)       |  |
| Exam form                                 | appearance typ   | e: Fresher      |                      |                      |                          |  |                   |                   |                            |  |
| Paper Deta                                | ails: Plea   | ase select Pa   | per details which y  | ou want to appear (  | UA - University          | Assessment,CA - Co                           | llege Assessn     | nent)             |                            |  |
| SN P                                      | Paper Code   |                 |                      | Paper Nai            | me                       |  |                   |                   | AM - AT                    |  |
| 1   | 86001  | Operation Re    | esearch              |                      |                          | Th-U   | Th-UA [];Th-CA [] |                   |                            |  |
| 2   | 86002  | International   | Finance              |                      |                          |  |                   | A [ ] ;Th-        | CA[]                       |  |
| 3   | 86008  | Project Mana    | agement              |                      |                          |  | Th-U              | A [ ] ;Th-        | CA[]                       |  |
| 4 86011 Strategic Financial Management    |  |                 |                      |                      |                          |  | Th-U              | Th-UA [];Th-CA [] |                            |  |
| 5   | 86017  | Indirect Taxe   | es                   |                      |                          |  | Th-U              | A [ ] ;Th-        | CA[]                       |  |
| 6 UBMSFSVI.5 Project Work Pw-UA []; Pw-CA |  |                 |                      |                      |                          |  | r-CA []           |                   |                            |  |
| Convocatio                                | n Fee  |                 | Exam Form Late       | Fee                  | Exam Form                | Super Late Fee                               | Exar              | mination          | Fees                       |  |
| Mark State                                | ment Fee   |                 | Total:               |                      |                          |  |                   |                   |                            |  |
| Day on a nd D                             | and the second   | A D             | :                    |                      | Oallana Danaint          | No. and Date:                                |                   |                   |                            |  |
| DD No:                                    | retails:   | Amount Rece     | MICR No:             |                      | College Receipt DD Date: | No. and Date.                                | Bank              |                   |                            |  |
|   | ference (Code/N  | lomo):          | IVIICK NO.           |                      | DD Date.                 |  | Dalik             | ٠.                | _                          |  |
|   | ference (Code/N  | •               |                      |                      |                          |  |                   |                   |                            |  |
|   | `  |                 |                      |                      |                          |  |                   | T                 |                            |  |
|   | ontroller of Exam  |                 | r the enquing even   | nination I have remi | ttad the prescrib        | ed fee for the same.                         | l horoby          | Place:            | Vidyavihar                 |  |
| declare that                              | it all statement m   | nade in this ap | oplication are true, | complete and correct | ct to the best of i      | my knowledge and be<br>am appearing. I shall | elief. I          | Date:             |                            |  |
|   |  |                 |                      |                      |                          | on etc. on religious o                       |                   |                   |                            |  |
| other groun                               | nd. I understand   |                 |                      |                      |                          | y candidature is liable                      |                   |                   |                            |  |
| cancelled o                               | or rejected.   |                 |                      |                      |                          |  |                   | St                | udent's Signature          |  |
| Declaration                               | by Principal/HC  | D/Chairperso    | on .                 |                      |                          |  |                   | •                 |                            |  |
| This form is responsibility               | 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                                      |  |                 |                      |                      |                          |  |                   |                   |                            |  |
| Date:                                     |  |                 |                      | College              | e Staff Signature        |  |                   | •                 | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Examination form No.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|        | PRN:   | Eligib         | oility Status:       | 095144                    | II NO          | Division/Section:      | Roll N        | 0.:         | Shubban Kemes Ther   |  |  |
|--------|--|----------------|----------------------|---------------------------|----------------|------------------------|---------------|-------------|----------------------|--|--|
|        | 2017016401264126   | Pr             | ovisional            |                           | III            | С                      | 173           | 3           |                      |  |  |
| Instru | uction Medium:   |                | -                    |                           |                | Nationality:           | India         |             |                      |  |  |
|        |  |                |                      | Student's Perso           | onal Informat  | on                     |               |             |                      |  |  |
| Stud   | ent's Name: JHA SH   | UBHAM KUN      | MAR BRAHMANAI        | ND                        |                | Mother's Name: R       | UPA           | (           | Gender: Male         |  |  |
| Nam    | e in Vernacular Langua   | ge:शुभम कुमा   | र झा                 |                           |                |                        |               |             |                      |  |  |
| Addr   | ess: B-34 ONGC COLC  | NY vidyaviha   | ar east              |                           |                |                        |               |             |                      |  |  |
| City:  | mumbai, Taluka: Kurla,   | District: Mun  | nbai Suburban, St    | ate: Maharashtra, PIN:    | 400077         |                        |               |             |                      |  |  |
| Telep  | ohone no.:   |                |                      | ile no: 918809717131      |                | Ema                    | il : shubhamı | mjhaa@g     | mail.com             |  |  |
|        | : Oct 03, 1998   |                | egory: Open          |                           | Physically     | Handicap: No           |               |             |                      |  |  |
| _      | ious Latest Examination  |                | n IV(Regular-Rev1    | 6)                        | Exam Ever      | t: Apr-2019            | Se            | at No: 06   | 68609 (Status: Pass) |  |  |
|        | n form appearance type   |                |                      |                           |                |                        |               |             |                      |  |  |
|        |  | se select Pap  | per details which ye | ou want to appear ( UA    | - University A | Assessment,CA - Co     | llege Assess  | sment)      |                      |  |  |
| SN     | Paper Code   |                |                      | Paper Name                |                |                        |               |             | AM - AT              |  |  |
| 1      |  | Operation Re   |                      |                           |                |                        | JA [ ] ;Th-   |             |                      |  |  |
| 2      |  | nternational I |                      |                           |                |                        |               |             | Th-UA [] ;Th-CA []   |  |  |
| 3      |  | Project Mana   | <u> </u>             |                           |                |                        |               | JA [ ] ;Th- |                      |  |  |
| 4      |  |                | ancial Managemer     | nt<br>                    |                |                        |               | JA [ ] ;Th- |                      |  |  |
| 5      |  | ndirect Taxes  | S                    |                           |                |                        |               | JA [ ] ;Th- |                      |  |  |
| 6      |  | Project Work   |                      |                           |                |                        |               | UA [ ] ;Pw  |                      |  |  |
|        | rocation Fee   |                | Exam Form Late I     | Fee                       | Exam Form      | Super Late Fee         | Ex            | amination   | ı Fees               |  |  |
| Mark   | Statement Fee  |                | Total:               |                           |                |                        |               |             |                      |  |  |
| Payn   | nent Details: A  | mount Receiv   | ved:                 | Col                       | lege Receipt   | No. and Date:          |               |             |                      |  |  |
| DD N   | lo:  |                | MICR No:             |                           | DD Date:       |                        | Bar           | ık:         |                      |  |  |
| Cent   | er Preference (Code/Na   | nme):          |                      |                           |                |                        |               |             |                      |  |  |
| Venu   | ie Preference (Code/Na   | me):           |                      |                           |                |                        |               |             |                      |  |  |
| To, T  | he Controller of Examir  | nation,        |                      |                           |                |                        |               | Place:      | Vidyavihar           |  |  |
| decla  | uest permission to present that all statement ma                                       | ade in this ap | plication are true,  | complete and correct to   | the best of r  | ny knowledge and be    | elief. l      | Date:       |                      |  |  |
| reque  | gone through the syllab<br>est for any special conc<br>ground. I understand the        | ession such a  | as change in time o  | or day fixed for universi | ty Examination | on etc. on religious o | r any         |             |                      |  |  |
| canc   | elled or rejected.   |                | ·                    | -                         | ·              |                        |               | St          | udent's Signature    |  |  |
| Deck   | aration by Principal/HOI   | D/Chairperso   | n                    |                           |                |                        |               |             |                      |  |  |
| respo  | form is carefully scrutin<br>onsibility of fulfillment/re<br>se/term work (if any) acc | ctification of | the information. He  |                           |                |                        |               |             |                      |  |  |
| 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

Examination form No.:

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|              | PRN:  | Eligi           | ibility Status:      | Examination form<br>095145            | ı No.:          | Division/Section:      | Roll No  | ).:         | -                                       |
|--------------|---|-----------------|----------------------|---------------------------------------|-----------------|------------------------|--|-------------|---|
| :            | 2017016401264134  |                 | Eligible             |                                       | <b>∤</b> III    | С                      | 182  |             | Tushae                                  |
| nstrı        | uction Medium:  |                 |                      |                                       |                 | Nationality:           | India  |             |   |
|              |   |                 |                      | Student's Perso                       | onal Informati  | ion                    |  |             |   |
| Stude        | lent's Name: MHASH.                                     | IAL TUSHAF      | R RAGHUNATH          |                                       |                 | Mother's Name: US      | SHA  | (           | Gender: Male                            |
| lam          | ne in Vernacular Languaç                                | ge:marathi      |                      |                                       |                 |                        |  |             |   |
| ddr          | ress: kasturi park ashoka                               | a 001 adharv    | vadi kalyan (w)      |                                       |                 |                        |  |             |   |
| city:        | kalyan, Taluka: Kalyan,                                 | , District: Tha |                      |                                       |                 |                        |  |             |   |
|              | phone no.:  |                 | Mob                  | pile no: 917710831366                 |                 |                        | il : tusharmhas                                    | shal@gn     | nail.com                                |
|              | 3: Jul 01, 1999   |                 | tegory: Reserved (   | · · · · · · · · · · · · · · · · · · · | Physically      | y Handicap: No         |  |             |   |
| 'revi        | vious Latest Examination                                | າ Details: Ser  | m IV(Regular-Rev1    | 16)                                   | Exam Ever       | nt: Apr-2019           | Seat   | t No: 066   | 68618 (Status: Pass)                    |
| xan          | m form appearance type:                                 | :: Fresher      |                      |                                       |                 |                        |  |             |   |
| <del>.</del> | er Details: Pleas                                       | se select Par   | per details which y  | ou want to appear ( UA                | - University F  | Assessment,CA - Co     | llege Assessn                                      | nent)       |   |
| SN           | Paper Code  |                 |                      | Paper Name                            |                 |                        |  |             | AM - AT                                 |
| 1            | 86001   | Operation Re    | esearch              |                                       |                 |                        | Th-U/  | A [ ] ;Th-0 | CA[]                                    |
| 2            | 86002 I   | International   | Finance              |                                       |                 |                        |  | A [ ] ;Th-( |   |
| 3            | 86008 F   | Project Mana    | agement              |                                       |                 |                        | Th-U/  | A [ ] ;Th-0 | CA[]                                    |
| 4            | 86011   | Strategic Fina  | ancial Managemer     | <u>nt</u>                             |                 |                        | Th-U/  | A [ ] ;Th-0 | CA[]                                    |
| 5            |   | Indirect Taxe   |                      |                                       |                 |                        |  | A [ ] ;Th-( | • |
| 6            |   | Project Work    | •                    |                                       | _               |                        | Pw-U   | JA [ ] ;Pw  | /-CA [ ]                                |
| onv          | vocation Fee  |                 | Exam Form Late I     | Fee                                   | Exam Form       | Super Late Fee         | Exar   | mination    | Fees                                    |
| /lark        | Statement Fee   |                 | Total:               |                                       |                 |                        |  |             |   |
|              | ment Details: Ar  | Amount Recei    |                      | Cal                                   | laga Pagaint    | No and Data:           |  |             | 1                                       |
|              |   | 1               |                      | <del></del>                           | · ·             | No. and Date:          | Bank   |             |   |
| OD N         | No:<br>ter Preference (Code/Na                          |                 | MICR No:             |                                       | DD Date:        |                        | Bank   |             |   |
|              |   |                 |                      |                                       |                 |                        |  |             |   |
|              | ue Preference (Code/Na                                  |                 |                      |                                       |                 |                        |  | Τ           |   |
| •            | The Controller of Examin<br>uest permission to prese    | •               | the analying avan    | I have remitted                       | 1 the properth  | of for the same        | Lharaby  | Place:      | Vidyavihar                              |
|              | are that all statement ma                               |                 |                      |                                       |                 |                        |  | Date:       |   |
|              | e gone through the syllab                               |                 |                      |                                       |                 |                        |  | ⊢—          |   |
|              | est for any special conce<br>r ground. I understand th  |                 |                      |                                       |                 |                        |  |             |   |
|              | celled or rejected.                                     | · ·             | ····                 | J. 22. J                              |                 |                        | 1  | 0,          | Leade Olemaking                         |
| `~al         |   | D/Obsirparer    |                      |                                       |                 |                        |  | Oil         | udent's Signature                       |
|              | laration by Principal/HOE<br>form is carefully scrutini | =               |                      | The information of                    | -intad in the f | form in correct to the | boot of my kn                                      | lodge       | Lalas undartaka tha                     |
| espo         | onsibility of fulfillment/re                            | ectification of | f the information. H |                                       |                 |                        |  |             |   |
|              | rse/term work (if any) acc                              |                 |                      | · ·                                   |                 |                        |  |             |   |
|              |   |                 |                      |                                       |                 |                        |  |             |   |
| Place        | e:  |                 |                      |                                       |                 | ļ                      | l  |             |   |
|              |   |                 |                      | -                                     |                 | ļ                      | İ  |             |   |
| )ate         | ii.   |                 |                      |                                       |                 | ļ                      |  |             |   |
|              |   |                 |                      | College Sta                           | aff Signature   | ļ                      | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|       | PRN:   | E             | igibility Status:      | Examination 09514       |                             | Division/Section:    | Roll No        | ı.:               | A11-1                |  |
|-------|--|---------------|------------------------|-------------------------|-----------------------------|----------------------|----------------|-------------------|----------------------|--|
|       | 2017016401264142   |               | Eligible               |                         |                             | Α                    | 32             |                   | Mode:                |  |
| nstrı | uction Medium:   |               |                        |                         |                             | Nationality:         | India          |                   |                      |  |
|       |  |               |                        | Student's P             | ersonal Informat            | ion                  |                |                   |                      |  |
| Stud  | ent's Name: KODE   | NIHAR MII     | IND                    |                         |                             | Mother's Name: N     | EHA            | (                 | Gender: Male         |  |
| Nam   | e in Vernacular Langu  | age:कोदे नि   | हार मिलिंद             |                         |                             |                      |                |                   |                      |  |
| Addr  | ess: house no 259 ap   | kankavali l   | pajarpeth              |                         |                             |                      |                |                   |                      |  |
| City: | KANKAVALI, Taluka:   | Kankavli, D   | istrict: Sindhudurg, S | tate: Maharashtra, F    | PIN: 416602                 |                      |                |                   |                      |  |
| ГеІеј | ohone no.:   |               | Mot                    | ile no: 9194035580      | 99                          | Emai                 | l : niharkode6 | @gmail            | .com                 |  |
| OOB   | : Jun 26, 1999   | (             | Category: Reserved (   | OBC)                    | Physically                  | Handicap: No         |                |                   |                      |  |
| ⊃rev  | ious Latest Examinatio   | on Details: S | Sem IV(Regular-Rev     | 16)                     | Exam Even                   | nt: Apr-2019         | Sea            | t No: 066         | 68679 (Status: Pass) |  |
| Exan  | n form appearance typ  | e: Fresher    |                        |                         |                             |                      |                |                   |                      |  |
| Pape  | er Details: Ple  | ase select l  | Paper details which y  | ou want to appear (     | UA - University A           | Assessment,CA - Co   | llege Assessr  | nent)             |                      |  |
| SN    | Paper Code   |               |                        | Paper Na                | me                          |                      |                |                   | AM - AT              |  |
| 1     | 86001  | Operation     | Research               |                         |                             |                      | Th-U           | A [ ] ;Th-        | CA[]                 |  |
| 2     | 86003  | Brand Mai     | nagement               |                         |                             |                      | Th-U           | A [ ] ;Th-        | CA[]                 |  |
| 3     | 86006  | Retail Mar    | nagement               |                         |                             |                      | Th-U           | Th-UA [];Th-CA [] |                      |  |
| 4     | 86009  | Internation   | nal Marketing          |                         |                             |                      | Th-U           | CA[]              |                      |  |
| 5     | 86012  | Media Pla     | nning and Managem      | nt                      |                             |                      | Th-U           | A [ ] ;Th-        | CA[]                 |  |
| 6     | UBMSFSVI.5   | Project Wo    | ork                    |                         |                             |                      | Pw-U           | A[];Pw            | /-CA [ ]             |  |
| Conv  | rocation Fee   |               | Exam Form Late         | Fee                     | ee Exam Form Super Late Fee |                      |                | mination          | Fees                 |  |
| Mark  | Statement Fee  |               | Total:                 |                         |                             |                      |                |                   |                      |  |
| Pavn  | nent Details:  | Amount Re     | ceived:                |                         | College Receipt             | No. and Date:        |                |                   |                      |  |
| DD N  |  | Amountine     | MICR No:               |                         | DD Date:                    | ivo. and Date.       | Bank           |                   |                      |  |
|       | er Preference (Code/N  | lame).        | IMIOITITO.             |                         | DD Date.                    |                      | Dann           |                   |                      |  |
|       | ie Preference (Code/N  |               |                        |                         |                             |                      |                |                   |                      |  |
|       | he Controller of Exam  |               |                        |                         |                             |                      |                | Place:            | Vidyavihar           |  |
| req   | uest permission to pre   | sent myself   | for the ensuing exar   | nination. I have remi   | tted the prescrib           | ed fee for the same. | I hereby       |                   | viayaviila.          |  |
| decla | are that all statement n   | nade in this  | application are true,  | complete and correct    | ct to the best of n         | ny knowledge and be  | elief. I       | Date:             |                      |  |
|       | gone through the sylla<br>est for any special con  |               |                        |                         |                             |                      |                |                   |                      |  |
| othe  | ground. I understand   |               |                        |                         |                             |                      |                |                   |                      |  |
| canc  | elled or rejected.   |               |                        |                         |                             |                      |                | St                | udent's Signature    |  |
| Deck  | aration by Principal/HC  | DD/Chairpe    | rson                   |                         |                             |                      |                | •                 |                      |  |
| This  | form is carefully scruti   | nized by the  | e College staff and by |                         |                             |                      |                |                   |                      |  |
|       | consibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical rectification of the information. He/she is regular student of this College and has completed the required attendance and practical rectification of the information. |               |                        |                         |                             |                      |                |                   |                      |  |
| Jour  | serteriii work (ii ariy) a   | ccording to   | university rules.      |                         |                             |                      |                |                   |                      |  |
| Place | <b>e</b> :   |               |                        |                         |                             |                      |                |                   |                      |  |
|       |  |               |                        | _                       |                             |                      |                |                   |                      |  |
| Date  | •  |               |                        |                         |                             |                      |                |                   |                      |  |
|       |  |               |                        | College Staff Signature |                             |                      |                | nature of         |                      |  |
|       |  |               |                        | College Stall Signature |                             |                      | Princ          | ipal/HOE          | 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.

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|   | PRN:  | Elig            | ibility Status:     | Examination fo<br>095147 |                             | Division/Section:       | Roll No                   | ::                |                      |  |
|---|---|-----------------|---------------------|--------------------------|-----------------------------|-------------------------|---------------------------|-------------------|----------------------|--|
| :   | 2017016401264157  |                 | Eligible            |                          |                             | Α                       | 45                        |                   | James                |  |
| nstru   | ıction Medium:  |                 |                     |                          |                             | Nationality:            | India                     |                   |                      |  |
|   |   |                 |                     | Student's Per            | sonal Informati             | ion                     |                           |                   |                      |  |
| Stud  | ent's Name: PANCH                                       | HAL SHWET       | A BHUPENDRA KI      | JMAR                     |                             | Mother's Name: Pl       | JSHPA                     | (                 | Gender: Female       |  |
| Nam   | e in Vernacular Langua                                  | age:SHWET       | 4                   |                          |                             | •                       |                           | ·                 |                      |  |
| ٩ddr  | ess: ROOM NO. 12, K                                     | K PANDEY        | CHAWL NO. 4 GAM     | IDEVI ROAD, GHAT         | KOPAR (WEST                 | <u>-</u> )              |                           |                   |                      |  |
| City:   | MUMBAI, Taluka: Kurl                                    | la, District: M | umbai Suburban, S   | tate: Maharashtra, Pl    | N: 400086                   |                         |                           |                   |                      |  |
| ГеІер   | hone no.:   |                 | Mob                 | ile no: 919769376466     | 6                           | Emai                    | l : shwetapan             | chal160           | 3@gmail.com          |  |
| OOB   | : Mar 16, 1999  | Ca              | tegory: Open        |                          | Physically                  | Handicap: No            |                           |                   |                      |  |
| Previ   | ous Latest Examinatio                                   | n Details: Se   | m IV(Regular-Rev1   | 6)                       | Exam Even                   | it: Apr-2019            | Seat                      | : No: 066         | 68692 (Status: Pass) |  |
| Exan  | n form appearance type                                  | e: Fresher      |                     |                          |                             |                         |                           |                   |                      |  |
| Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - Co |   |                 |                     |                          |                             |                         |                           | nent)             |                      |  |
| SN  | Paper Code  |                 |                     | Paper Name               |                             |                         |                           |                   | AM - AT              |  |
| 1   | 86001   | Operation R     | esearch             |                          |                             |                         | Th-U                      | Th-UA [];Th-CA [] |                      |  |
| 2   | 86003   | Brand Mana      | gement              |                          |                             |                         |                           | ۲ [ ] ;Th-        | CA[]                 |  |
| 3   | 86006   | Retail Mana     | gement              |                          |                             |                         |                           | ۲ [] ;Th-         | CA[]                 |  |
| 4   | 86009   | Internationa    | Marketing           |                          |                             |                         | Th-U                      | Th-UA [];Th-CA [] |                      |  |
| 5   | 86012   | Media Plann     | ing and Manageme    | nt                       |                             |                         | Th-U                      | 4 [ ] ;Th-        | CA[]                 |  |
| 6   | UBMSFSVI.5  | Project Worl    | <                   |                          |                             |                         |                           | A [ ] ;Pw         | /-CA[]               |  |
| Conv  | ocation Fee   |                 | Exam Form Late      | Fee                      | ee Exam Form Super Late Fee |                         |                           | mination          | Fees                 |  |
| Mark  | Statement Fee   |                 | Total:              |                          |                             |                         |                           |                   |                      |  |
|   |   |                 |                     |                          | •                           |                         | '                         |                   |                      |  |
|   |   | Amount Rece     | T                   | C                        | ollege Receipt              | No. and Date:           |                           |                   |                      |  |
| N DC  |   |                 | MICR No:            |                          | DD Date:                    |                         | Bank                      | :                 |                      |  |
|   | er Preference (Code/N                                   |                 |                     |                          |                             |                         |                           |                   |                      |  |
|   | e Preference (Code/N                                    |                 |                     |                          |                             |                         |                           |                   |                      |  |
|   | he Controller of Exami                                  |                 |                     |                          |                             |                         |                           | Place:            | Vidyavihar           |  |
|   | uest permission to pres<br>ure that all statement m     |                 |                     |                          |                             |                         |                           | Date:             |                      |  |
|   | gone through the sylla                                  |                 |                     |                          |                             |                         |                           |                   |                      |  |
| eque  | est for any special cond<br>ground. I understand        | cession such    | as change in time   | or day fixed for univer  | sity Examination            | on etc. on religious of | any                       |                   |                      |  |
|   | elled or rejected.                                      | uiai iii uie ev | ent of any informat | on being found raise     | or incorrect, my            | Carididature is liable  | e to be                   |                   |                      |  |
|   | <u>,                                      </u>          |                 |                     |                          |                             |                         |                           | St                | udent's Signature    |  |
|   | aration by Principal/HC                                 | -               |                     |                          |                             |                         |                           |                   |                      |  |
|   | form is carefully scruting                              |                 |                     |                          |                             |                         |                           |                   |                      |  |
|   | onsibility of fulfillment/r<br>se/term work (if any) ac |                 |                     | e/sne is regular stude   | nt of this Colle            | ge and has complete     | a trie required           | allenua           | ance and practical   |  |
|   |   |                 |                     |                          |                             |                         |                           |                   |                      |  |
| Place   | <b>)</b> :  |                 |                     |                          |                             |                         |                           |                   |                      |  |
|   |   |                 |                     | _                        |                             |                         |                           |                   |                      |  |
| Date  |   |                 |                     |                          |                             |                         |                           |                   |                      |  |
|   |   |                 |                     | College                  | Staff Signature             |                         | Seal and Signature of     |                   |                      |  |
|   |   |                 |                     | 1                        |                             |                         | Principal/HOD/Chairperson |                   |                      |  |



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|       | PRN:   | Eligi            | bility Status:      | Examination fo<br>095148 |                         | Division/Section:     | Roll No        | ::  | 李                    |  |
|-------|--|------------------|---------------------|--------------------------|-------------------------|-----------------------|----------------|---|----------------------|--|
|       | 2017016401264165   |                  | Eligible            |                          |                         | В                     | 128            |   |                      |  |
| Instr | uction Medium:   |                  |                     |                          |                         | Nationality:          | India          |   |                      |  |
|       |  |                  |                     | Student's Pe             | rsonal Informati        | on                    |                |   |                      |  |
| Stud  | ent's Name: SOLAN  | IKI AKASH D      | EVDAS               |                          |                         | Mother's Name: N      | EJAL           | (   | Gender: Male         |  |
| Nam   | e in Vernacular Langua   | age:सोलंकी आ     | काश देवदास          |                          |                         |                       |                |   |                      |  |
| Addr  | ess: A-10, plot no 16, o   | om namah shi     | vay chs, mhada co   | olony                    |                         |                       |                |   |                      |  |
| City: | mumbai, Taluka: Kurla  | ı, District: Muı | mbai Suburban, St   | ate: Maharashtra, PIN    | N: 400081               |                       |                |   |                      |  |
| Tele  | phone no.:   |                  | Mob                 | ile no: 91976906112      | 4                       | Emai                  | l : akashdsola | nki@gn  | nail.com             |  |
| DOB   | : Oct 24, 1999   | Cat              | egory: Reserved (   | SC)                      | Physically              | Handicap: No          |                |   |                      |  |
| Prev  | ious Latest Examinatio   | n Details: Ser   | m IV(Regular-Rev    | 6)                       | Exam Even               | t: Apr-2019           | Seat           | No: 066   | 68760 (Status: Pass) |  |
| Exar  | n form appearance typ  | e: Fresher       |                     |                          |                         |                       |                |   |                      |  |
| Pape  | er Details: Plea   | ase select Pa    | per details which y | ou want to appear ( L    | IA - University A       | Assessment,CA - Co    | llege Assessn  | nent)   |                      |  |
| SN    | Paper Code   |                  |                     | Paper Nam                | е                       |                       |                | AM - AT   |                      |  |
| 1     | 86001  | Operation Re     | esearch             |                          |                         |                       | Th-U           | Th-UA [ ] ;Th-CA [ ]                            |                      |  |
| 2     | 86004  | HRM in Glob      | al Perspective      |                          |                         |                       | Th-U           | 4 [ ] ;Th-                                      | CA[]                 |  |
| 3     | 86010  | HRM in Serv      | ice Sector Manage   | ment                     |                         |                       |                | Th-UA [];Th-CA []                               |                      |  |
| 4     | 86016  | Human Reso       | ource Accounting a  | d Audit                  |                         |                       | Th-U           | Th-UA[];Th-CA[]                                 |                      |  |
| 5     | 86019  | Indian Ethos     | in Management       |                          |                         |                       | Th-U           | 4 [ ] ;Th-                                      | CA[]                 |  |
| 6     | UBMSFSVI.5   | Project Work     |                     |                          |                         |                       | Pw-U           | A [ ] ;Pw                                       | /-CA[]               |  |
| Conv  | ocation Fee  |                  | Exam Form Late      | Fee                      | Exam Form               | Super Late Fee        | Exar           | mination  | Fees                 |  |
| Mark  | Statement Fee  |                  | Total:              |                          |                         |                       |                |   |                      |  |
| Pavr  | nent Details:  | Amount Recei     | ived:               | lo                       | ollege Receipt          | No. and Date:         |                |   |                      |  |
| DD N  |  |                  | MICR No:            | L                        | DD Date:                |                       | Bank           | :   |                      |  |
| Cent  | er Preference (Code/N  | ame):            |                     |                          |                         |                       | I              |   |                      |  |
| Venu  | ue Preference (Code/N  | ame):            |                     |                          |                         |                       |                |   |                      |  |
| То, Т | he Controller of Exam  | ination,         |                     |                          |                         |                       |                | Place:  | Vidyavihar           |  |
|       | uest permission to pres  |                  |                     |                          |                         |                       |                | Date:   |                      |  |
|       | are that all statement me<br>gone through the sylla  |                  |                     |                          |                         |                       |                | Date.   |                      |  |
|       | est for any special con-   |                  |                     |                          |                         |                       |                |   |                      |  |
|       | r ground. I understand elled or rejected.  | tnat in the eve  | ent of any informat | on being found faise     | or incorrect, my        | candidature is liable | e to be        |   |                      |  |
|       |  |                  |                     |                          |                         |                       |                | St  | udent's Signature    |  |
| Decl  | aration by Principal/HC  | D/Chairperso     | on                  |                          |                         |                       |                |   |                      |  |
|       | form is carefully scrutions in the scruting of |                  |                     |                          |                         |                       |                |   |                      |  |
|       | 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 | e:   |                  |                     |                          |                         |                       |                |   |                      |  |
|       |  |                  |                     |                          |                         |                       |                |   |                      |  |
| Date  | :  |                  |                     | 2 "                      | O1 - (f O1)             |                       | <b>.</b>       | 0:  |                      |  |
|       |  |                  |                     | College                  | College Staff Signature |                       |                | Seal and Signature of Principal/HOD/Chairperson |                      |  |



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



|        |  |                  | ·                    |                        | - N                         |                         | Т                     | $\overline{}$                                |                      |  |  |
|--------|--|------------------|----------------------|------------------------|-----------------------------|-------------------------|-----------------------|--|----------------------|--|--|
|        | PRN:   | Eligi            | ibility Status:      | Examination 1<br>09514 | 49                          | Division/Section:       | Roll No.              | .:   | 11                   |  |  |
| :      | 2017016401264173   |                  | Eligible             |                        |                             | Α                       | 36                    |  | 4                    |  |  |
| nstrı  | uction Medium:   |                  |                      |                        |                             | Nationality:            | India                 |  |                      |  |  |
|        |  |                  |                      | Student's P            | ersonal Informati           | on                      |                       |  |                      |  |  |
| Stud   | lent's Name: MANGE   | E TEJAS RAJ      | JESH                 |                        |                             | Mother's Name: Sh       | HANTI                 |  | Gender: Male         |  |  |
| Nam    | e in Vernacular Langua   | age:tejas        |                      |                        |                             |                         |                       |  |                      |  |  |
| Addr   | ress: 4/25, hinglaj ashis  | h, janardhan     | park, raghunath n    | agar                   |                             |                         |                       |  |                      |  |  |
| City:  | thane , Taluka: Thane,   | , District: Than | ne, State: Maharas   | htra, PIN: 400604      |                             |                         |                       |  |                      |  |  |
| Tele   | phone no.:   |                  | Moh                  | oile no: 91993040572   | 26                          | Emai                    | il : tejasbhanus      | shali322                                     | 2@gmail.com          |  |  |
| DOB    | 3: Feb 09, 1999  | Cat              | tegory: Open         |                        |                             | Handicap: No            |                       |  |                      |  |  |
| Prev   | rious Latest Examination   | n Details: Ser   | m IV(Regular-Rev     | 16)                    | Exam Even                   | t: Apr-2019             | Seat                  | ι No: 066                                    | 68684 (Status: Pass) |  |  |
| Exan   | m form appearance type   | e: Fresher       |                      |                        |                             |                         |                       |  |                      |  |  |
| Pap€   | er Details: Plea   | ase select Pa    | per details which y  | ou want to appear (    | UA - University A           | Assessment,CA - Col     | llege Assessm         | nent)  |                      |  |  |
| SN     | Paper Code   |                  |                      | Paper Nar              | Paper Name                  |                         |                       |  | AM - AT              |  |  |
| 1      | 86001  | Operation Re     | esearch              |                        |                             | Th-U <i>F</i>           | A [ ] ;Th-            | -CA[]  |                      |  |  |
| 2      | 86003  | Brand Manag      | gement               |                        |                             | Th-U <i>F</i>           | A [ ] ;Th-            | -CA[]  |                      |  |  |
| 3      | 86006  | Retail Manag     | gement               |                        |                             | Th-U/                   | Th-UA [];Th-CA []     |  |                      |  |  |
| 4      | 86009  | International    | Marketing            |                        |                             |                         |                       |  | -CA[]                |  |  |
| 5      | 86012  | Media Planni     | ning and Manageme    | ent                    | t                           |                         |                       | A [ ] ;Th-                                   | -CA[]                |  |  |
| 6      | UBMSFSVI.5   | Project Work     | (                    |                        |                             |                         | Pw-U                  | IA [];Pw                                     | v-CA []              |  |  |
| Conv   | vocation Fee   |                  | Exam Form Late       | Fee                    | ee Exam Form Super Late Fee |                         |                       | mination                                     | Fees                 |  |  |
| Mark   | Statement Fee  |                  | Total:               |                        |                             |                         |                       |  |                      |  |  |
|        |  |                  |                      |                        |                             |                         |                       |  |                      |  |  |
|        |  | Amount Recei     | 1                    |                        | College Receipt             | No. and Date:           |                       |  |                      |  |  |
| DD N   |  |                  | MICR No:             |                        | DD Date:                    |                         | Bank:                 | <u>:                                    </u> |                      |  |  |
|        | ter Preference (Code/Na  |                  |                      |                        |                             |                         |                       |  |                      |  |  |
|        | ue Preference (Code/Na   | •                |                      |                        |                             |                         |                       |  |                      |  |  |
|        | The Controller of Exami  |                  |                      |                        |                             |                         |                       | Place:                                       | Vidyavihar           |  |  |
| decla  | uest permission to pres<br>are that all statement m<br>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 t<br>celled or rejected.  | that in the eve  | ent of any informate | on being found false   | e or incorrect, my          | candidature is liable   | e to be               |  |                      |  |  |
| Dan io | elleu oi rejecteu.   |                  |                      |                        |                             |                         |                       | St   | tudent's Signature   |  |  |
| Decl   | aration by Principal/HO  | 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. |                  |                      |                        |                             |                         |                       |  |                      |  |  |
| Place  | e:   |                  |                      |                        |                             |                         |                       |  |                      |  |  |
| note.  |  |                  |                      |                        |                             | l                       |                       |  |                      |  |  |
| Date   | :  |                  |                      | College                | e Staff Signature           |                         | Seal and Signature of |  |                      |  |  |
|        |  |                  |                      |                        | College Staff Signature     |                         |                       | Principal/HOD/Chairperson                    |                      |  |  |



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

 $\label{policy density of Summer Session 2020 event.} Application Form for Examination of Summer Session 2020 event.$ 

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

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Examination form No.:

'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



|                   | PRN:                    | Eligi            | ibility Status:       | 095150   | II NO          | Division/Section:  | Roll No         | u:         | Majay                |
|-------------------|-------------------------|------------------|-----------------------|--|----------------|--------------------|-----------------|------------|----------------------|
| 2                 | 2017016401264181        |                  | Eligible              |  | l III          | С                  | 193             |            | ( readily            |
| nstru             | ction Medium:           |                  |                       |  |                | Nationality:       | India           |            |                      |
|                   |                         |                  |                       | Student's Perso  | onal Informati | ion                |                 |            |                      |
| Stude             | ent's Name: PARIK       | H MALAV NIK      | KHIL                  |  |                | Mother's Name: NI  | EHA             |            | Gender: Male         |
|                   | e in Vernacular Langua  |                  |                       |  |                |                    |                 |            |                      |
| Addre             | ss: 4,AWADHPURI , f     | RB MEHTA M       | ARG, OPP CANA         | RA BANK, GHATKOPA                                      | R EAST, MU     | MBAI 400077        |                 |            |                      |
| City: N           | MUMBAI, Taluka: Kurl    | a, District: Mı  | umbai Suburban, S     | State: Maharashtra, PIN:                               | : 400077       |                    |                 |            |                      |
| Telep             | hone no.: 25068118      |                  | Mob                   | pile no: 919920292457                                  |                | Emai               | il : mparikhcoc | l@gmai     | il.com               |
| DOB:              | Jul 16, 1999            | Cat              | tegory: Open          |  | Physically     | Handicap: No       |                 |            |                      |
| Previo            | ous Latest Examination  | n Details: Ser   | m IV(Regular-Rev1     | (6)  | Exam Even      | nt: Apr-2019       | Seat            | t No: 066  | 68627 (Status: Pass) |
| Exam              | form appearance type    | e: Fresher       |                       |  |                |                    |                 |            |                      |
| Paper             | r 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                 | 86001                   | Operation Re     | esearch               |  |                |                    | Th-U/           | A [ ] ;Th- | CA[]                 |
| 2                 | 86002                   | International    | Finance               |  |                |                    | Th-U/           | A [ ] ;Th- | CA[]                 |
| 3                 | 86008                   | Project Mana     | agement               |  |                |                    | Th-U/           | A [ ] ;Th- | CA[]                 |
| 4                 | 86011                   | Strategic Fin    | nancial Managemen     | nt   |                |                    | Th-U/           | A [ ] ;Th- | CA[]                 |
| 5                 | 86017                   | Indirect Taxe    | ∋s                    |  |                |                    | Th-U/           | A [ ] ;Th- | CA[]                 |
| 6                 | UBMSFSVI.5              | Project Work     | ζ                     |  |                |                    | Pw-U            | IA [];Pw   | /-CA []              |
| Convo             | ocation Fee             |                  | Exam Form Late I      | Fee  | Exam Form      | Super Late Fee     | Exar            | mination   | Fees                 |
| Mark              | Statement Fee           |                  | Total:                |  |                |                    |                 |            |                      |
|                   |                         |                  |                       |  |                |                    |                 |            |                      |
|                   |                         | Amount Recei     | 1                     |  |                | No. and Date:      |                 |            |                      |
| DD No             |                         |                  | MICR No:              |  | DD Date:       |                    | Bank            |            |                      |
|                   | er Preference (Code/Na  |                  |                       |  |                |                    |                 |            |                      |
|                   | e Preference (Code/Na   |                  |                       |  |                |                    |                 |            |                      |
|                   | he Controller of Exami  | · ·              |                       |  |                |                    |                 | Place:     | Vidyavihar           |
|                   |                         |                  |                       | nination. I have remitted<br>complete and correct to   |                |                    |                 | Date:      |                      |
|                   |                         |                  |                       | ibed for the examination                               |                |                    |                 | <u> </u>   |                      |
|                   |                         |                  |                       | or day fixed for universit<br>ion being found false or |                |                    |                 |            |                      |
|                   | elled or rejected.      |                  | ,                     | J  |                |                    |                 |            | · dante Cianatura    |
|                   | the Delegate of IC      | 20/01: sleen one |                       |  |                |                    |                 | Su         | udent's Signature    |
|                   | eration by Principal/HO |                  |                       | The information n                                      |                | is served to the   | to at af mucke  | ladaa      | I -laa wadartaka tha |
| respo             |                         | rectification of | f the information. He | y me. The information pr<br>le/she is regular student  |                |                    |                 |            |                      |
| Place:            | :                       |                  |                       |  |                |                    |                 |            |                      |
| Date <sup>.</sup> |                         |                  |                       |  |                |                    |                 |            |                      |



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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:

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Seal and Signature of Principal/HOD/Chairperson

|        | PRN:  | Eligi          | bility Status:       | 095151                   | II INO          | Division/Section:       | Roll No         | Deliver   |               |
|--------|---|----------------|----------------------|--------------------------|-----------------|-------------------------|-----------------|---|---------------|
| :      | 2017016401264196                                      |                | Eligible             |                          |                 | Α                       | 12              | cances. Given oppose  | Sol .<br>Spur |
| Instru | uction Medium:  |                |                      |                          |                 | Nationality:            | India           | <del>-</del>  |               |
|        |   |                |                      | Student's Pers           | onal Informat   | ion                     |                 |   |               |
| Stud   | ent's Name: <b>DELIW</b>                              | LA PRANA       | LI RAJESH            |                          |                 | Mother's Name: SI       | EJAL            | Gender: Female  |               |
| Nam    | e in Vernacular Langua                                | ge:ડેલીવાળા    | પ્રણાલી RAJESH       |                          |                 |                         |                 |   |               |
| Addr   | ess: C\36, AMBAJI APA                                 | RTMENT, F      | LOT NO.1054 DE       | VIDAYAL CROSS ROA        | AD, MULUND      | (WEST)                  |                 |   |               |
| City:  | MUMBAI, Taluka: Mum                                   | bai, District: | Mumbai City, State   | e: Maharashtra, PIN: 40  | 08000           |                         |                 |   |               |
| Telep  | ohone no.: 25674070                                   |                | Mob                  | ile no: 919820737747     |                 | Emai                    | l : deliwalapra | nali@gmail.com  |               |
| DOB    | : Jun 22, 1999  | Cat            | tegory: Open         |                          | Physically      | Handicap: No            |                 |   |               |
| Previ  | ious Latest Examination                               | Details: Sei   | m IV(Regular-Rev1    | 6)                       | Exam Ever       | t: Apr-2019             | Seat            | : No: 0668661 (Status: Pass)                                |               |
| Exan   | n form appearance type                                | : Fresher      |                      |                          |                 |                         |                 |   |               |
| Pape   | er Details: Pleas                                     | 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      | 86001   | Operation Re   | esearch              |                          |                 |                         | Th-U            | A[];Th-CA[]   |               |
| 2      | 86003 E   | Brand Manag    | gement               |                          |                 |                         | Th-U            | A[];Th-CA[]   |               |
| 3      | 86006 F   | Retail Manag   | gement               |                          |                 |                         | Th-U            | A[];Th-CA[]   |               |
| 4      | 86009 I   | nternational   | Marketing            |                          |                 |                         | Th-U            | A[];Th-CA[]   |               |
| 5      | 86012   | Media Plann    | ing and Manageme     | ent                      |                 |                         | Th-U            | A[];Th-CA[]   |               |
| 6      | UBMSFSVI.5  | Project Work   | Ĭ.                   |                          |                 |                         | 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: A                                       | mount Rece     | ived:                | Co                       | llege Receipt   | No. and Date:           |                 |   |               |
| DD N   |   |                | MICR No:             | l .                      | DD Date:        |                         | Bank            | •   |               |
| Cent   | er Preference (Code/Na                                | ime):          | L                    |                          | 1               |                         |                 |   |               |
|        | ie Preference (Code/Na                                |                |                      |                          |                 |                         |                 |   |               |
| To, T  | he Controller of Examir                               | nation,        |                      |                          |                 |                         |                 | Place: Vidyavihar   |               |
| decla  | uest permission to prese<br>are that all statement ma | ade in this ap | oplication are true, | complete and correct to  | o the best of r | ny knowledge and be     | elief. l        | Date:   |               |
| reque  | gone through the syllab<br>est for any special conc   | ession such    | as change in time    | or day fixed for univers | ity Examination | on etc. on religious o  | any             |   |               |
|        | ground. I understand the elled or rejected.           | iat in the eve | ent of any informati | on being found raise of  | r incorrect, my | r candidature is liable | e to be         |   |               |
|        |   |                |                      |                          |                 |                         |                 | Student's Signature   |               |
|        | aration by Principal/HOI                              | •              |                      |                          |                 |                         |                 |   |               |
| respo  |   | ctification of | the information. H   |                          |                 |                         |                 | owledge. I also undertake the<br>I attendance and practical |               |
| 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|          |   |                  |                      | Evamination           | Examination form No.:                             |                       | T                     |             |                      |  |
|----------|---|------------------|----------------------|-----------------------|---|-----------------------|-----------------------|-------------|----------------------|--|
|          | PRN:  | Eligi            | ibility Status:      | 09515                 | 52  | Division/Section:     | Roll No               | ).:         | 量                    |  |
| 2        | 2017016401264207                                |                  | Eligible             |                       |   | Α                     | 5                     |             |                      |  |
| nstrı    | uction Medium:                                  | -                |                      |                       |   | Nationality:          | India                 |             |                      |  |
|          |   |                  |                      | Student's P           | Personal Informati                                | on                    |                       |             |                      |  |
| Stude    | ent's Name: CHAPL                               | LOT HARSHI       | T ANIL               |                       |   | Mother's Name: PF     | REMA                  | (           | Gender: Male         |  |
| Nam      | e in Vernacular Langua                          | age:चपलोत ह      | र्षित अनिल           |                       |   |                       |                       |             |                      |  |
| Addr     | ess: Flat No- A501, Va                          | ardhman Park     | Plot No-49, Secto    | r 17 Vashi            |   |                       |                       |             |                      |  |
| City:    | Navi Mumbai, Taluka:                            | Thane, Distri    | ct: Thane, State: N  | laharashtra, PIN: 40  | )0705   |                       |                       |             |                      |  |
| Teler    | phone no.: 27892228                             |                  | Mot                  | oile no: 9170455350   | no: 917045535011 Email : chaplotharshit@gmail.com |                       |                       |             |                      |  |
| DOB      | : Jan 19, 2000                                  | Cat              | tegory: Open         |                       | Physically  | Handicap: No          |                       |             |                      |  |
| Previ    | ious Latest Examinatio                          | on Details: Ser  | m IV(Regular-Rev     | 6)                    | Exam Even   | t: Apr-2019           | Sea                   | t No: 066   | 68654 (Status: Pass) |  |
| Exan     | 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 - Col   | llege Assessr         | ment)       |                      |  |
| SN       | Paper Code                                      |                  |                      | Paper Nai             | me  |                       |                       |             | AM - AT              |  |
| 1        | 86001   | Operation Re     | esearch              |                       |   |                       | Th-U                  | IA [ ] ;Th- | -CA[]                |  |
| 2        | 86003   | Brand Manag      | gement               |                       |   |                       | Th-U                  | IA [ ] ;Th- | -CA [ ]              |  |
| 3        | 86006   | Retail Manag     | jement               |                       |   |                       |                       |             | -CA[]                |  |
| 4        | 86009   | International    | Marketing            |                       |   |                       | Th-U                  | IA [ ] ;Th- | -CA[]                |  |
| 5        | 86012   | Media Plann      | ning and Manageme    | ent                   |   |                       | Th-U                  | IA [ ] ;Th- | -CA[]                |  |
| 6        | UBMSFSVI.5                                      | Project Work     | (                    |                       |   |                       | 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:               |                       |   |                       |                       |             |                      |  |
| Povn     | nent Dataile:                                   | ^mount Door      | d.                   |                       | Callege Peccint                                   | No and Data:          |                       |             | 1                    |  |
| DD N     |   | Amount Recei     | MICR No:             |                       | College Receipt No. and Date:  DD Date:           |                       |                       |             |                      |  |
|          | er Preference (Code/N                           | rlama).          | INICK NO.            |                       | DD Date.  |                       | Bank                  |             |                      |  |
|          | ue Preference (Code/N                           |                  |                      |                       |   |                       |                       |             |                      |  |
|          | The Controller of Exami                         |                  |                      |                       |   |                       |                       | Tologo      | \ C + co db on       |  |
|          | uest permission to pres                         |                  | or the ensuing exar  | nination. I have rem  | itted the prescrib                                | ed fee for the same   | I hereby              | Place:      | Vidyavihar           |  |
| decla    | are that all statement m                        | made in this ap  | pplication are true, | complete and correct  | ect to the best of m                              | ny knowledge and be   | elief. I              | Date:       |                      |  |
|          | gone through the syllatest for any special con- |                  |                      |                       |   |                       |                       | $\vdash$    |                      |  |
| other    | r ground. Í understand                          |                  |                      |                       |   |                       |                       |             |                      |  |
|          | elled or rejected.                              |                  |                      |                       |   |                       |                       | St          | tudent's Signature   |  |
| Deck     | aration by Principal/HC                         | OD/Chairperso    | on                   |                       |   |                       |                       | <del></del> | .ddoine o c.gac      |  |
|          | form is carefully scruting                      |                  |                      | √ me The informatio   | on printed in the f                               | orm is correct to the | hest of my kn         | nowledge    | also undertake the   |  |
| respo    | onsibility of fulfillment/r                     | rectification of | f the information. H | e/she is regular stur | dent of this Collec                               | ge and has complete   | d the requirer        | d attenda   | ance and practical   |  |
| cours    | se/term work (if any) ad                        | ccording to un   | iversity rules.      |                       |   |                       |                       |             |                      |  |
| <u> </u> |   |                  |                      |                       |   |                       |                       |             |                      |  |
| Place    | ž:  |                  |                      |                       |   |                       | l                     |             |                      |  |
|          |   |                  |                      | 7                     |   |                       | l                     |             |                      |  |
| Date:    | •   |                  |                      | College               | e Staff Signature                                 |                       | Seal and Signature of |             |                      |  |
|          |   |                  |                      | College               | 5 Stall Signature                                 |                       |                       |             | 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.

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

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Seal and Signature of Principal/HOD/Chairperson

|        | PRN:                     | Eligibility Status:   | Examination fo<br>095153 |                               | Division/Section:     | Roll No.:     | 0                 | 1.213          |  |
|--------|--------------------------|---|--------------------------|-------------------------------|-----------------------|---------------|-------------------|----------------|--|
|        | 2017016401264215         | Eligible  |                          |                               | С                     | 212           | 7                 | balestri       |  |
| Instru | uction Medium:           | <del>!</del>  |                          |                               | Nationality:          | India         |                   |                |  |
|        |                          |   | Student's Per            | rsonal Informati              | on                    |               |                   |                |  |
| Stud   | ent's Name: TANNA        | SAKSHI MAHESH   |                          |                               | Mother's Name: Ch     | IETNA         | Gende             | er: Female     |  |
| Nam    | e in Vernacular Langua   | ge:तन्ना साक्षी महेश  |                          |                               |                       |               | ·                 |                |  |
| Addr   | ess: 1, MAHAJAN BLD      | G M. G. ROAD MULUND WES   | Τ                        |                               |                       |               |                   |                |  |
| City:  | MUMBAI, Taluka: Kurla    | a, District: Mumbai Suburban,                                     | State: Maharashtra, Pl   | N: 400080                     |                       |               |                   |                |  |
| Tele   | phone no.:               | Mo  | oile no: 917506006388    | 3                             | Email                 | : sakshitanna | 27@gmail.co       | om             |  |
| DOB    | : Feb 08, 2000           | Category: Open  |                          | Physically                    | Handicap: No          |               |                   |                |  |
| Prev   | ious Latest Examinatior  | n Details: Sem IV(Regular-Rev                                     | 16)                      | Exam Even                     | t: Apr-2019           | Seat I        | No: 0668643       | (Status: Pass) |  |
| Exan   | n form appearance type   | e: Fresher  |                          |                               |                       |               |                   |                |  |
| Pape   | er Details: Plea         | se select Paper details which                                     | ou want to appear (U     | A - University A              | Assessment,CA - Col   | ege Assessme  | ent)              |                |  |
| SN     | Paper Code               |   | Paper Nam                | е                             |                       |               | AM                | Л - AT         |  |
| 1      | 86001                    | Operation Research  |                          |                               |                       | Th-UA         | [];Th-CA[]        |                |  |
| 2      | 86002                    | International Finance   |                          |                               |                       | Th-UA         | [];Th-CA[]        | <u> </u>       |  |
| 3      | 86008                    | Project Management  |                          |                               | Th-UA                 | [];Th-CA[]    | 1                 |                |  |
| 4      | 86011                    | Strategic Financial Manageme                                      | nt                       |                               |                       | Th-UA         | [];Th-CA[]        |                |  |
| 5      | 86017                    | Indirect Taxes  |                          |                               |                       | Th-UA         | [];Th-CA[]        | 1              |  |
| 6      | UBMSFSVI.5               | Project Work  |                          |                               |                       | Pw-UA         | \[];Pw-CA[        | []             |  |
| Conv   | ocation Fee              | Exam Form Late  | Fee                      | Exam Form                     | Super Late Fee        | Exam          | ination Fees      | i              |  |
| Mark   | Statement Fee            | Total:  |                          |                               |                       |               |                   |                |  |
| D      | D.4-!l-:                 | u Desert est  |                          |                               | Ni I Data             |               |                   |                |  |
| _      |                          | mount Received:   | l C                      | College Receipt No. and Date: |                       |               | Bank:             |                |  |
| DD N   |                          | MICR No:  |                          | DD Date:                      |                       |               |                   |                |  |
| _      | er Preference (Code/Na   | •   |                          |                               |                       |               |                   |                |  |
|        | ue Preference (Code/Na   | <u> </u>  |                          |                               |                       | 1.            |                   |                |  |
|        | The Controller of Examin |   |                          | مانده مصدم ما الم             |                       |               | Place: <b>Vid</b> | lyavihar       |  |
|        |                          | ent myself for the ensuing examade in this application are true,  |                          |                               |                       |               | Date:             |                |  |
| have   | gone through the syllal  | bus and the list of books presc                                   | ribed for the examinati  | on for which I a              | ım appearing. I shall | not 📙         |                   |                |  |
|        |                          | ession such as change in time<br>hat in the event of any informa  |                          |                               |                       |               |                   |                |  |
|        | elled or rejected.       | ,   | g                        | <b>.</b>                      |                       |               | 0. 4              | la O'a aal aa  |  |
| D I    |                          | D/Oh - I  |                          |                               |                       |               | Student           | 's Signature   |  |
|        | aration by Principal/HO  | •   | The information          |                               |                       |               | حاج ا حجاب        |                |  |
|        |                          | ized by the College staff and bectification of the information. I |                          |                               |                       |               |                   |                |  |
| cour   | se/term work (if any) ac | cording to university rules.                                      | · ·                      | `                             | ,                     | ·             |                   | ·              |  |
|        |                          |   |                          |                               |                       |               |                   |                |  |
| Place  | e:                       |   |                          |                               |                       |               |                   |                |  |
|        |                          |   |                          |                               |                       |               |                   |                |  |
| Date   | :                        |   |                          |                               |                       |               |                   |                |  |



Date:

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Application Form for Examination of Summer Session 2020 event.

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Examination form No.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|   | PRN:  | Eligibility Status:   | 095154                     | TINO                        | Division/Section:       | Roll No.      | .:         | Pratha               |  |
|---|---|---|----------------------------|-----------------------------|-------------------------|---------------|------------|----------------------|--|
| 2   | 2017016401264223                              | Provisional   |                            |                             | В                       | 117           |            | 12000                |  |
| nstru   | ıction Medium:                                |   | •                          |                             | Nationality:            | India         |            |                      |  |
|   |   |   | Student's Perso            | onal Informati              | on                      |               |            |                      |  |
|   |   | D PRACHI HINESH   |                            |                             | Mother's Name: HA       | RSHIDA        | C          | Gender: Female       |  |
|   | e in Vernacular Languaç                       |   |                            |                             |                         |               |            |                      |  |
|   |   | GOLDENPARK II BETURKAR  |                            | •                           |                         |               |            |                      |  |
| City:   | KALYAN, Taluka: Kalya                         | an, District: Thane, State: Maha                                      | arashtra, PIN: 421301      |                             |                         |               |            |                      |  |
|   | phone no.:                                    | Mol   | oile no: 919920877261      |                             | Email                   | : piurathod10 | )4@gma     | ail.com              |  |
|   | : Jan 26, 2000                                | Category: Open  |                            | <del></del>                 | Handicap: No            |               |            |                      |  |
|   |   | Details: Sem IV(Regular-Rev   | 16)                        | Exam Even                   | t: Apr-2019             | Seat          | No: 066    | 88751 (Status: Pass) |  |
|   | 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   |   | Operation Research  |                            |                             |                         |               | \ [ ] ;Th- |                      |  |
| 2   |   | HRM in Global Perspective   |                            | Th-UA [];Th-CA []           |                         |               |            |                      |  |
| 3   |   | HRM in Service Sector Manage  |                            | \ [ ] ;Th-                  |                         |               |            |                      |  |
| 4   |   | Human Resource Accounting andian Ethos in Management                  |                            | \ [ ] ;Th-                  |                         |               |            |                      |  |
| 5   |   |   | ۲ [ ] ;Th-۱                |                             |                         |               |            |                      |  |
| 6   |   | Project Work  |                            |                             |                         |               | A [ ] ;Pw  |                      |  |
|   | ocation Fee                                   | Exam Form Late  | Fee                        | ee Exam Form Super Late Fee |                         |               | nination   | Fees                 |  |
| /lark   | Statement Fee                                 | Total:  |                            |                             |                         |               |            |                      |  |
| aym   | nent Details:                                 | mount Received:   | Coll                       | lege Receipt                | No. and Date:           |               |            |                      |  |
| DD N  | lo:   | MICR No:  |                            | DD Date:                    |                         | Bank          | Bank:      |                      |  |
| Cente   | er Preference (Code/Na                        | ime):   |                            |                             |                         | l .           |            |                      |  |
| /enu  | e Preference (Code/Na                         | me):  |                            |                             |                         |               |            |                      |  |
| o, T  | he Controller of Examin                       | nation,   |                            |                             |                         |               | Place:     | Vidyavihar           |  |
|   |   | ent myself for the ensuing exar                                       |                            |                             |                         |               | Date:      |                      |  |
|   |   | ade in this application are true,<br>ous and the list of books presci |                            |                             |                         |               | Date.      |                      |  |
| eque  | est for any special conce                     | ession such as change in time   | or day fixed for universit | ty Examination              | on etc. on religious or | any           |            |                      |  |
|   | ground. I understand the<br>lled or rejected. | nat in the event of any informat                                      | ion being found false or   | incorrect, my               | candidature is liable   | to be         |            |                      |  |
| ance  | med of rejected.                              |   |                            |                             |                         |               | Stu        | udent's Signature    |  |
| Decla   | aration by Principal/HOI                      | D/Chairperson   |                            |                             |                         |               |            |                      |  |
|   |   | ized by the College staff and bectification of the information. H     |                            |                             |                         |               |            |                      |  |
|   |   | cording to university rules.  | -                          | `                           | •                       | ·             |            | •                    |  |
|   |   |   |                            |                             |                         |               |            |                      |  |
| Place   | ¥I  |   |                            |                             |                         |               |            |                      |  |
|   |   |   | <u> </u>                   |                             |                         |               |            |                      |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|       | PRN:   | Eligil         | oility Status:       | Examination form 095155     | No.:           | Division/Section:   | Roll No           | .:          | Kruti                |  |
|-------|--|----------------|----------------------|-----------------------------|----------------|---------------------|-------------------|-------------|----------------------|--|
|       | 2017016401264231   |                | Eligible             |                             |                | Α                   | 46                |             | Base                 |  |
| Instr | uction Medium:   | •              | Į.                   |                             |                | Nationality:        | India             | •           |                      |  |
|       |  |                |                      | Student's Perso             | nal Informati  | on                  | ,                 |             |                      |  |
| Stud  | ent's Name: PATEL  | KRUTI RAJI     | NIKANT K             |                             |                | Mother's Name: S    | HAKUNTALA         | C           | Gender: Female       |  |
| Nam   | e in Vernacular Languaç  | je:પટેલ કૃતિ   | રજનીકાંત કે          |                             |                |                     |                   |             |                      |  |
| Addr  | ess: AANGAN CHS 303  | PLOT NO 7      | 8/79 SECTOR 19       | KHARGHAR                    |                |                     |                   |             |                      |  |
| City: | NAVI MUMBAI, Taluka:   | Panvel, Dist   | trict: Raigad, State | : Maharashtra, PIN: 410     | 210            |                     |                   |             |                      |  |
| Tele  | phone no.:   |                | Mob                  | ile no: 919967923787        |                | Ema                 | il : patelkruti47 | 75@gma      | il.com               |  |
| DOB   | : Nov 08, 1998   | Cat            | egory: Open          |                             | Physically     | Handicap: No        |                   |             |                      |  |
|       | ious Latest Examination  |                | n IV(Regular-Rev1    | 6)                          | Exam Ever      | t: Apr-2019         | Seat              | No: 066     | 88693 (Status: Pass) |  |
| Exar  | n form appearance type:  | Fresher        |                      |                             |                |                     |                   |             |                      |  |
| Pape  |  | se select Par  | oer details which yo | ou want to appear ( UA      | - University A | Assessment,CA - Co  | llege Assessn     | nent)       |                      |  |
| SN    | Paper Code   |                |                      | Paper Name                  |                |                     |                   |             | AM - AT              |  |
| 1     | 86001 C  | Operation Re   | search               |                             |                |                     | Th-U              | ۲ [ ] ;Th-۱ | CA[]                 |  |
| 2     | 86003 E  | Brand Manag    | jement               |                             |                |                     | Th-U              | ۲ [ ] ;Th-۱ | CA[]                 |  |
| 3     |  | Retail Manag   |                      |                             |                |                     |                   | ۲ [ ] ;Th-۱ |                      |  |
| 4     |  | nternational   |                      |                             |                |                     | Th-U              | ۲ [ ] ;Th-۱ | CA[]                 |  |
| 5     | 86012 N  | /ledia Planni  | ng and Manageme      | ent                         |                |                     | Th-U              | ۲ [ ] ;Th-۱ | CA[]                 |  |
| 6     | UBMSFSVI.5 F   | Project Work   |                      |                             |                |                     | Pw-U              | A [ ] ;Pw   | -CA []               |  |
| Conv  | ocation Fee  |                | Exam Form Late I     | ee Exam Form Super Late Fee |                |                     | Exar              | mination    | Fees                 |  |
| Mark  | Statement Fee  |                | Total:               |                             |                |                     |                   |             |                      |  |
| Payr  | ment Details: Ar   | nount Recei    | ved:                 | Coll                        | ege Receipt    | No. and Date:       |                   |             |                      |  |
| DD N  | No:  |                | MICR No:             | DD Date: B                  |                |                     | Bank              | Bank:       |                      |  |
| Cent  | er Preference (Code/Na   | me):           |                      |                             |                |                     |                   |             |                      |  |
| Venu  | ue Preference (Code/Na   | me):           |                      |                             |                |                     |                   |             |                      |  |
| To, 1 | The Controller of Examin   | ation,         |                      |                             |                |                     |                   | Place:      | Vidyavihar           |  |
| decla | uest permission to prese<br>are that all statement ma                                    | de in this ap  | plication are true,  | complete and correct to     | the best of n  | ny knowledge and be | elief. I          | Date:       |                      |  |
|       | egone through the syllab<br>est for any special conce                                    |                |                      |                             |                |                     |                   |             |                      |  |
| othe  | r ground. I understand th  |                |                      |                             |                |                     |                   |             |                      |  |
|       | elled or rejected.   |                |                      |                             |                |                     |                   | Stu         | udent's Signature    |  |
|       | aration by Principal/HOD   |                |                      |                             |                |                     |                   |             |                      |  |
| resp  | form is carefully scrutini<br>onsibility of fulfillment/re-<br>se/term work (if any) acc | ctification of | the information. He  |                             |                |                     |                   |             |                      |  |
| Place | e:   |                |                      |                             |                |                     |                   |             |                      |  |
| Date  | :  |                |                      |                             |                |                     |                   |             |                      |  |



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Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of Principal/HOD/Chairperson

|          | PRN:                         | Eligibility Status:  | Examination form 095156   | n No.:                        | Division/Section:     | Roll No.      | .:         | =====                |  |  |
|----------|------------------------------|--|---------------------------|-------------------------------|-----------------------|---------------|------------|----------------------|--|--|
|          | 2017016401264246             | Eligible   |                           |                               | С                     | 192           |            | 3                    |  |  |
| Instr    | uction Medium:               | <b>!</b>   |                           |                               | Nationality:          | India         |            |                      |  |  |
|          |                              |  | Student's Pers            | onal Informati                | on                    | ,             |            |                      |  |  |
| Stud     | lent's Name: PADAL           | IA MEET JAYDEEP  |                           |                               | Mother's Name: HE     | ENA           | (          | Gender: Male         |  |  |
| Nam      | ne in Vernacular Langua      | ige:પાડલીયા મીટ jaydeep  |                           |                               |                       |               |            |                      |  |  |
| Add      | ress: building no. 24 /fla   | t no. 301/ b wing shree sainath  | tower, tilak nagar chen   | nbur ,mumbai                  |                       |               |            |                      |  |  |
| City:    | mumbai, Taluka: Kurla        | , District: Mumbai Suburban, S   | tate: Maharashtra, PIN:   | 400089                        |                       |               |            |                      |  |  |
| Tele     | phone no.:                   | Мо   | oile no: 917738039949     |                               | Emai                  | : meetpadalia | a104@g     | gmail.com            |  |  |
| DOE      | 3: Mar 30, 1999              | Category: Open   |                           | Physically Handicap: No       |                       |               |            |                      |  |  |
| Prev     | rious Latest Examination     | n Details: Sem IV(Regular-Rev  | 16)                       | Exam Even                     | t: Apr-2019           | Seat          | : No: 066  | 68626 (Status: Pass) |  |  |
| Exa      | m form appearance type       | e: Fresher   |                           |                               |                       |               |            |                      |  |  |
| Pap      | er Details: Plea             | se select Paper details which  | ou want to appear (UA     | - University A                | Assessment,CA - Col   | lege Assessm  | nent)      |                      |  |  |
| SN       | Paper Code                   |  | Paper Name                |                               |                       |               |            | AM - AT              |  |  |
| 1        | 86001                        | Operation Research   |                           |                               |                       | Th-UA         | ۲ [ ] ;Th- | CA[]                 |  |  |
| 2        | 86002                        | International Finance  |                           |                               |                       | Th-UA         | ۲ [ ] ;Th- | CA[]                 |  |  |
| 3        | 86008                        | Project Management   |                           | Th                            |                       |               |            | Th-UA [] ;Th-CA []   |  |  |
| 4        | 86011                        | Strategic Financial Manageme   | nt                        |                               |                       | Th-UA         | ۲ [ ] ;Th- | CA[]                 |  |  |
| 5        | 86017                        | Indirect Taxes   |                           |                               |                       | Th-UA         | 4 [ ] ;Th- | CA[]                 |  |  |
| 6        | UBMSFSVI.5                   | Project Work   |                           |                               |                       | Pw-U          | A [ ] ;Pw  | r-CA[]               |  |  |
| Con      | vocation Fee                 | Exam Form Late   | Fee                       | Exam Form                     | Super Late Fee        | Exan          | nination   | Fees                 |  |  |
| Marl     | Statement Fee                | Total:   |                           |                               |                       |               |            |                      |  |  |
|          |                              |  |                           |                               |                       |               |            |                      |  |  |
| <u> </u> |                              | Amount Received:   | Со                        | College Receipt No. and Date: |                       |               |            |                      |  |  |
| DD I     |                              | MICR No:   |                           | DD Date: Ba                   |                       |               | Bank:      |                      |  |  |
|          | ter Preference (Code/Na      | •  |                           |                               |                       |               |            |                      |  |  |
| -        | ue Preference (Code/Na       | <u> </u>   |                           |                               |                       |               |            | I                    |  |  |
|          | The Controller of Exami      |  |                           |                               |                       |               | Place:     | Vidyavihar           |  |  |
|          |                              | ent myself for the ensuing exa-<br>ade in this application are true.                                     |                           |                               |                       |               | Date:      |                      |  |  |
| have     | gone through the sylla       | bus and the list of books presc  | ribed for the examinatio  | n for which I a               | m appearing. I shall  | not           |            |                      |  |  |
|          |                              | cession such as change in time<br>that in the event of any informa                                       |                           |                               |                       |               |            |                      |  |  |
|          | celled or rejected.          | inat in the event of any informa   | lion being lound laise of | incorrect, my                 | Candidature is liable | to be         |            |                      |  |  |
|          | -                            |  |                           |                               |                       |               | St         | udent's Signature    |  |  |
|          | aration by Principal/HO      |  |                           |                               |                       |               |            |                      |  |  |
| resp     | onsibility of fulfillment/re | nized by the College staff and be<br>ectification of the information. I<br>ecording to university rules. |                           |                               |                       |               |            |                      |  |  |
|          | ·                            |  |                           |                               | T                     |               |            |                      |  |  |
| Plac     | e:                           |  |                           |                               |                       |               |            |                      |  |  |
| Date     | ):                           |  |                           |                               |                       |               |            |                      |  |  |



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

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|   | PRN:  | Eligi                              | ibility Status:                           | Examination 1<br>09515                        |   | Division/Section:                            | Roll No.   | ).:                 | 9.108                                      |  |  |
|---|---|------------------------------------|---|---|---|--|--|---------------------|--|--|--|
| :   | 2017016401264254  |                                    | Eligible                                  |   |   | С  | 161  |                     | Janie S                                    |  |  |
| Instru  | uction Medium:  |                                    |   |   |   | Nationality: India                           |  |                     |  |  |  |
|   |   |                                    |   | Student's P                                   | Personal Informati                          | on   |  |                     |  |  |  |
| Stud  | ent's Name: <b>JENIL</b> \$   | SATISH GAD                         | A   |   |   | Mother's Name: JL                            | JLI  |                     | Gender: Male                               |  |  |
| Nam   | e in Vernacular Langua  | age:JENIL                          |   |   |   |  |  |                     |  |  |  |
| Addr  | ess: 902 SILVER COU   | JRT,M.G.RO/                        | AD OPPOSITE JO                            | SHI LANE, GHATK                               | OPAR(EAST) M                                | JMBAI-400077                                 |  |                     |  |  |  |
| City:   | MUMBAI, Taluka: Kurla   | a, District: Μι                    | umbai Suburban, S                         | tate: Maharashtra, I                          | PIN: 400077                                 |  |  |                     |  |  |  |
| Teler   | phone no.: 21027410   |                                    | Mob                                       | oile no: 91887942414                          | 42  | il : jenilgada1@                             | @gmail.d   | com                 |  |  |  |
| DOB   | : Oct 18, 1999  | Cat                                | tegory: Open                              |   | Physically                                  | Handicap: No                                 |  |                     |  |  |  |
| Previ   | ious Latest Examination   | n Details: Ser                     | m IV(Regular-Rev                          | 6)  | Exam Even                                   | t: Apr-2019                                  | Seat   | t No: 066           | 68597 (Status: Pass)                       |  |  |
|   | 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 Nar                                     | me  |  |  |                     | AM - AT                                    |  |  |
| 1   | 86001   | Operation Re                       | esearch                                   |   |   |  | Th-U/  | A [ ] ;Th-          | -CA[]                                      |  |  |
| 2   | 86002   | International                      | Finance                                   |   |   |  | Th-U/  | A [ ] ;Th-          | -CA[]                                      |  |  |
| 3   | 86008   | Project Mana                       | agement                                   |   |   | Th-U/  | Th-UA [];Th-CA []                                  |                     |  |  |  |
| 4   | 86011   | Strategic Fin                      | ancial Managemer                          | nt  |   |  | Th-U/  | A [ ] ;Th-          | -CA[]                                      |  |  |
| 5   | 86017   | Indirect Taxe                      | es  |   |   |  | Th-U/  | A [ ] ;Th-          | -CA[]                                      |  |  |
| 6   | UBMSFSVI.5  | Project Work                       | (   |   |   |  | Pw-U   | IA [];Pw            | v-CA []                                    |  |  |
| Conv  | ocation Fee   |                                    | Exam Form Late                            | Fee   | Exam Form                                   | Super Late Fee                               | Exar   | mination            | Fees                                       |  |  |
| Mark  | Statement Fee   |                                    | Total:                                    |   |   |  |  |                     |  |  |  |
|   |   |                                    |   |   |   |  |  |                     |  |  |  |
|   |   | Amount Recei                       | T   |   | College Receipt                             | No. and Date:                                |  |                     |  |  |  |
| DD N  |   |                                    | MICR No:                                  |   | DD Date:                                    |  | Bank   |                     |  |  |  |
|   | er Preference (Code/Na  |                                    |   |   |   |  |  |                     |  |  |  |
|   | ue Preference (Code/Na  |                                    |   |   |   |  |  |                     |  |  |  |
|   | The Controller of Exami   |                                    |   |   |   |  | 1  | Place:              | Vidyavihar                                 |  |  |
| decla   | uest permission to pres<br>are that all statement m<br>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:               |  |  |  |
|   | est for any special cond  |                                    |   |   |   |  |  |                     |  |  |  |
|   | r ground. I understand t  | that in the eve                    | ent of any informati                      | on being found false                          | e or incorrect, my                          | candidature is liable                        | e to be  |                     |  |  |  |
| Cano  | elled or rejected.  |                                    |   |   |   |  | 1  | St                  | tudent's Signature                         |  |  |
| Deck  | aration by Principal/HO   | )D/Chairperso                      | on  |   |   |  |  |                     |  |  |  |
| This  | form is carefully scrutin<br>onsibility of fulfillment/re<br>se/term work (if any) ac | nized by the C<br>rectification of | College staff and by f the information. H | r me. The informatio<br>e/she is regular stud | n printed in the for<br>dent of this Collec | orm is correct to the<br>ge and has complete | best of my knowd the required                      | owledge<br>dattenda | e. I also undertake the ance and practical |  |  |
| Place   | <del></del>   |                                    |   |   |   |  |  |                     |  |  |  |
| Date  | :   |                                    |   |   |   |  |  |                     |  |  |  |
|   |   |                                    |   | College                                       | e Staff Signature                           |  | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|       | PRN:   | Eligi           | bility Status:       | Examination fo<br>095158 | rm No.:                 | Division/Section:     | Roll No               | ı.:               | Lotograft            |  |
|-------|--|-----------------|----------------------|--------------------------|-------------------------|-----------------------|-----------------------|-------------------|----------------------|--|
|       | 2017016401264262   |                 | Eligible             |                          |                         | В                     | 112                   |                   | 7033                 |  |
| Instr | uction Medium:   |                 |                      |                          |                         | Nationality:          | India                 |                   |                      |  |
|       |  |                 |                      | Student's Per            | sonal Informati         | on                    |                       |                   |                      |  |
| Stud  | ent's Name: PATEL  | JAYTI MAHE      | ENDRAKUMAR           |                          |                         | Mother's Name: M.     | ADHUBEN               | (                 | Gender: Female       |  |
| Nam   | e in Vernacular Langua   | age:પટેલ જ્યંત  | ની મહેન્દ્રકુમાર     |                          |                         |                       |                       |                   |                      |  |
| Addr  | ess: SAMARPAN CHS  | 302 PLOT N      | O 10/B SECTOR 2      | 20 KHARGHAR              |                         |                       |                       |                   |                      |  |
| City: | NAVI MUMBAI, Taluka  | a: Panvel, Dis  | trict: Raigad, State | : Maharashtra, PIN: 4    | 10210                   |                       |                       |                   |                      |  |
| Tele  | phone no.:   |                 | Mob                  | ile no: 918451855103     | no: 918451855103        |                       |                       |                   |                      |  |
| DOB   | : Feb 05, 2000   | Cat             | egory: Open          |                          | Physically Handicap: No |                       |                       |                   |                      |  |
| Prev  | ious Latest Examinatio   | n Details: Ser  | m IV(Regular-Rev     | 16)                      | Exam Even               | t: Apr-2019           | Sea                   | t No: 066         | 88747 (Status: Pass) |  |
| Exar  | n form appearance type   | e: Fresher      |                      |                          |                         |                       |                       |                   |                      |  |
| Pape  | er Details: Plea   | ase select Pa   | per details which y  | ou want to appear ( U    | A - University A        | Assessment,CA - Co    | llege Assessn         | nent)             |                      |  |
| SN    | Paper Code   |                 |                      | Paper Name               | e                       |                       |                       |                   | AM - AT              |  |
| 1     | 86001  | Operation Re    | esearch              |                          |                         |                       | Th-U                  | A [ ] ;Th-        | CA[]                 |  |
| 2     | 86004  | HRM in Glob     | al Perspective       |                          |                         |                       | Th-U                  | A [ ] ;Th-        | CA[]                 |  |
| 3     | 86010  | HRM in Serv     | ice Sector Manage    | ment                     |                         |                       | Th-U                  | Th-UA [];Th-CA [] |                      |  |
| 4     | 86016  | Human Reso      | ource Accounting a   | d Audit                  |                         |                       | Th-UA[];Th-CA[]       |                   |                      |  |
| 5     | 86019  | Indian Ethos    | in Management        |                          |                         |                       | Th-U                  | A [ ] ;Th-        | CA[]                 |  |
| 6     | UBMSFSVI.5   | Project Work    |                      |                          |                         |                       | Pw-U                  | A [ ] ;Pw         | r-CA []              |  |
| Conv  | ocation Fee  | Exam Form Late  | Fee                  | Exam Form                | Super Late Fee          | Exa                   | mination              | Fees              |                      |  |
| Mark  | Statement Fee  |                 | Total:               |                          |                         |                       |                       |                   |                      |  |
| Pavr  | nent Details:  | Amount Recei    | ived:                | C                        | ollege Receipt          | No. and Date:         |                       |                   |                      |  |
| DD N  |  |                 | MICR No:             | DD Date:                 |                         |                       | Bank                  | Bank:             |                      |  |
|       | er Preference (Code/N  | ame):           | <u> </u>             |                          | 1                       |                       | -                     |                   |                      |  |
|       | ue Preference (Code/N  |                 |                      |                          |                         |                       |                       |                   |                      |  |
| To, 1 | The Controller of Exami  | nation,         |                      |                          |                         |                       |                       | Place:            | Vidyavihar           |  |
| decla | uest permission to pres<br>are that all statement me<br>gone through the sylla       | ade in this ap  | plication are true,  | complete and correct     | to the best of n        | ny knowledge and be   | elief. I              | Date:             |                      |  |
| requ  | est for any special cond   | cession such    | as change in time    | or day fixed for univer  | sity Examination        | n etc. on religious o | any                   |                   |                      |  |
|       | r ground. I understand telled or rejected.   | that in the eve | ent of any informat  | on being found false     | or incorrect, my        | candidature is liable | e to be               |                   |                      |  |
| canc  | elled of rejected.   |                 |                      |                          |                         |                       |                       | St                | udent's Signature    |  |
| Decl  | aration by Principal/HC  | D/Chairperso    | on                   |                          |                         |                       |                       |                   |                      |  |
| resp  | form is carefully scrutir<br>onsibility of fulfillment/r<br>se/term work (if any) ac | ectification of | the information. H   |                          |                         |                       |                       |                   |                      |  |
| Plac  | e:   |                 |                      |                          |                         |                       |                       |                   |                      |  |
| Date  | :  |                 |                      | College S                | Staff Signature         |                       | Seal and Signature of |                   |                      |  |
|       |  |                 |                      |                          |                         |                       | Princ                 | ıpal/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.

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

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|        | PRN:  | Eligi             | ibility Status:      | Examination for 09515  |                     | Division/Section:    | Roll No.                   | ).:               | 0-                    |  |
|--------|---|-------------------|----------------------|------------------------|---------------------|----------------------|----------------------------|-------------------|-----------------------|--|
| 2      | 2017016401264277  |                   | Eligible             |                        |                     |                      | 113                        |                   | PRAPTI                |  |
| Instru | uction Medium:  |                   |                      |                        |                     | Nationality:         | India                      |                   |                       |  |
|        |   |                   |                      | Student's Pe           | ersonal Informati   | on                   |                            |                   |                       |  |
| Stude  | ent's Name: PATEL                                       | L PRAPTI JIG      | NESH                 |                        |                     | Mother's Name: Ch    | HANDRIKA                   | (                 | Gender: Female        |  |
| Nam    | e in Vernacular Langua                                  | age:पटेल प्राप्त  | .11 जिग्नेश          |                        |                     |                      |                            |                   |                       |  |
| Addr   | ess: 4/5, ARYA SAGAI                                    | R, LALA LAJI      | PATRAI PARASM/       | NI NAKA                |                     |                      |                            |                   |                       |  |
| City:  | DOMBIVLI, Taluka: Ka                                    | alyan, District   | : Thane, State: Ma   | narashtra, PIN: 4212   | 201                 |                      |                            |                   |                       |  |
|        | phone no.:  |                   | Mob                  | oile no: 91916746437   | 70                  | Emai                 | il : praptipatel1          | 116@gr            | nail.com              |  |
|        | : Jun 11, 2000  |                   | tegory: Open         |                        | Physically          | Handicap: No         |                            |                   |                       |  |
|        | ious Latest Examinatio                                  |                   | m IV(Regular-Rev     | 6)                     | Exam Even           | t: Apr-2019          | Seat                       | ι No: 066         | 68748 (Status: Pass)  |  |
|        | n form appearance type                                  |                   |                      |                        |                     |                      |                            |                   |                       |  |
| Pape   | er Details: Plea  | ase select Pa     | per details which y  | ou want to appear ( I  | UA - University F   | Assessment,CA - Col  | llege Assessn              | nent)             |                       |  |
| SN     | Paper Code  |                   |                      | Paper Nan              | ne                  |                      |                            |                   | AM - AT               |  |
| 1      | 86001   | Operation Re      | esearch              |                        |                     |                      | Th-U/                      | A [ ] ;Th-        | ·CA[]                 |  |
| 2      | 86004   | HRM in Glob       | oal Perspective      |                        |                     |                      | Th-U/                      | A [ ] ;Th-        | ·CA[]                 |  |
| 3      | 86010   | HRM in Serv       | vice Sector Manage   | ment                   |                     |                      | Th-U/                      | Th-UA [];Th-CA [] |                       |  |
| 4      | 86016   | Human Resc        | ource Accounting a   | nd Audit               |                     |                      |                            | A [ ] ;Th-        |                       |  |
| 5      | 86019   | Indian Ethos      | in Management        |                        |                     |                      | Th-U/                      | A [ ] ;Th-        | ·CA[]                 |  |
| 6      | UBMSFSVI.5  | Project Work      | (                    |                        |                     |                      | Pw-U                       | JA [ ] ;Pw        | v-CA []               |  |
| Conv   | ocation Fee   |                   | Exam Form Late       | Fee                    | Exam Form           | Super Late Fee       | Exar                       | mination          | Fees                  |  |
| Mark   | Statement Fee   |                   | Total:               |                        |                     |                      |                            |                   |                       |  |
| Pavn   | ment Details:   | Amount Recei      | ived:                |                        | College Receipt     | No and Date:         |                            |                   |                       |  |
| DD N   |   | - Illount 1 toco. | MICR No:             | L`                     |                     |                      |                            | <del>.</del>      |                       |  |
|        | er Preference (Code/N                                   | <br>Jame):        | IWIGHT TEC.          |                        | 100 20.0.           |                      | Bank                       | -                 |                       |  |
|        | ue Preference (Code/N                                   |                   |                      |                        |                     |                      |                            |                   |                       |  |
|        | The Controller of Exami                                 |                   |                      |                        |                     |                      | -                          | Place:            | Vidyavihar            |  |
| l requ | uest permission to pres                                 | sent myself fo    | or the ensuing exar  | nination. I have remit | tted the prescribe  | ed fee for the same. | I hereby                   |                   | * i = j = · · · · = · |  |
| decla  | 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:             |                       |  |
|        | est for any special con                                 |                   |                      |                        |                     |                      |                            |                   |                       |  |
| other  | r ground. I understand                                  |                   |                      |                        |                     |                      |                            |                   |                       |  |
| cance  | elled or rejected.                                      |                   |                      |                        |                     |                      | 1                          | St                | tudent's Signature    |  |
| Decla  | aration by Principal/HC                                 | OD/Chairpers      | on                   |                        |                     |                      |                            | -                 |                       |  |
| This   | form is carefully scruting on sibility of fulfillment/r | inized by the C   | College staff and by |                        |                     |                      |                            |                   |                       |  |
|        | se/term work (if any) a                                 |                   |                      | d/SHE is regular state | CHLOI LIIS COILCE   | Je anu nas complete  | u ili <del>e</del> roquiio | 1 dilonas         | alice and practical   |  |
| بمدات  |   |                   |                      | T                      |                     |                      | <br>I                      |                   |                       |  |
| Place  | <b>)</b> :  |                   |                      |                        |                     |                      | I                          |                   |                       |  |
| ~      |   |                   |                      |                        |                     |                      | I                          |                   |                       |  |
| Date:  | •   |                   |                      | College                | Staff Signature     |                      | Seal and Signature of      |                   |                       |  |
|        |   |                   |                      | Conces                 | Stall Signature     |                      |                            |                   | D/Chairperson         |  |



Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

Examination form No.:

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

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Seal and Signature of Principal/HOD/Chairperson



|        | PRN:                       | Eligi             | ibility Status:      | Examination form No.:<br>095160                        |                                       | Division/Section  | n: R           | oll No.:          | Enseita              |  |
|--------|----------------------------|-------------------|----------------------|--|---------------------------------------|-------------------|----------------|-------------------|----------------------|--|
| :      | 2017016401264304           |                   | Eligible             |  |                                       | С                 |                | 219               | Sum                  |  |
| Instru | uction Medium:             |                   | -                    |  |                                       | Nationality:      | India          |                   |                      |  |
|        |                            |                   |                      | Student's Perso  | onal Informati                        | ion               |                |                   |                      |  |
| Stude  | ent's Name: AMRIT          | 'HA ASHOK         |                      |  |                                       | Mother's Nam      | e: GEETHA      | (                 | Gender: Female       |  |
| Nam    | e in Vernacular Langua     | age:Amritha       |                      |  |                                       |                   |                |                   |                      |  |
| Addr   | ess: A/8, Adarsh co-op     | hsg society,      | Plot No:79, Savark   | kar Nagar,   |                                       |                   |                |                   |                      |  |
| City:  | Thane, Taluka: Thane       | , District: Tha   | ne, State: Maharas   | shtra, PIN: 400606                                     |                                       |                   |                |                   |                      |  |
| Telep  | ohone no.: 25833299        |                   | Mob                  | ile no: 918692080289                                   | : 918692080289 Email : ashokamrita35@ |                   |                |                   | mail.com             |  |
| DOB    | : May 05, 1999             | Cat               | tegory: Open         |  | Physically                            | Handicap: No      |                |                   |                      |  |
| Previ  | ious Latest Examinatio     | n Details: Sei    | m IV(Regular-Rev1    | 16)  | Exam Even                             | t: Apr-2019       |                | Seat No: 06       | 68589 (Status: Pass) |  |
| Exan   | n form appearance type     | e: Fresher        |                      |  |                                       |                   |                |                   |                      |  |
| Pape   | r Details: Plea            | ase 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      | 86001                      | Operation Re      | esearch              |  |                                       |                   |                | Th-UA [ ] ;Th-    | -CA[]                |  |
| 2      | 86002                      | International     | Finance              |  |                                       | Th-UA [];Th-CA [] |                |                   |                      |  |
| 3      | 86008                      | Project Mana      | agement              |  |                                       |                   |                | Th-UA [ ] ;Th-    | -CA[]                |  |
| 4      | 86011                      | Strategic Fin     | ancial Managemer     | nt   |                                       |                   | Th-UA [ ] ;Th- | -CA[]             |                      |  |
| 5      | 86017                      | Indirect Taxe     | s                    |  |                                       |                   |                | Th-UA [ ] ;Th-    | -CA[]                |  |
| 6      | UBMSFSVI.5                 | Project Work      | (                    |  |                                       |                   |                | Pw-UA [ ] ;Pv     | v-CA [ ]             |  |
| Conv   | ocation Fee                |                   | Exam Form Late       | Fee  | Exam Form                             | Super Late Fee    | !              | Examination       | Fees                 |  |
| Mark   | Statement Fee              |                   | Total:               |  |                                       |                   |                |                   |                      |  |
|        | D                          | A D               |                      | 0.11   | D                                     | No. and Date      |                |                   |                      |  |
|        |                            | Amount Rece       | 1                    | <u> </u>   | • .                                   | No. and Date:     |                | D I               |                      |  |
| DD N   |                            |                   | MICR No:             |  | DD Date:                              |                   |                | Bank:             |                      |  |
|        | er Preference (Code/N      |                   |                      |  |                                       |                   |                |                   |                      |  |
|        | le Preference (Code/N      |                   |                      |  |                                       |                   |                |                   |                      |  |
|        | he Controller of Exami     |                   | ur the energine even | singtion I have remitted                               | the preserib                          | ad foo for the on | ma Ibarahi     | Place:            | Vidyavihar           |  |
|        |                            |                   |                      | nination. I have remitted<br>complete and correct to   |                                       |                   |                | Date:             |                      |  |
|        |                            |                   |                      | ibed for the examination                               |                                       |                   |                |                   |                      |  |
|        |                            |                   |                      | or day fixed for universit<br>ion being found false or |                                       |                   |                |                   |                      |  |
|        | elled or rejected.         |                   | , , ,                | J  | ,                                     |                   |                |                   | de alla O'const. co  |  |
| Daal   | anation by Dringing I/I/IC | D (Ob a lum a una |                      |  |                                       |                   |                | 51                | udent's Signature    |  |
|        | aration by Principal/HC    | •                 |                      | , ma The information n                                 | rintad in tha f                       | io oorroot to     | the best of r  | m. len avela da e | Lalas undartaka tha  |  |
| respo  |                            | ectification of   | f the information. H | / me. The information pr<br>e/she is regular student   |                                       |                   |                |                   |                      |  |
| 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.

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

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|       | PRN:   | Eligibility Status:   | Examination forn<br>095161            | n No.:                  | Division/Section:     | Roll No.      | - FE   |   |  |  |  |
|-------|--|---|---------------------------------------|-------------------------|-----------------------|---------------|--|---|--|--|--|
|       | 2017016401264312                                 | Eligible  |                                       | III                     | В                     | 80            |  |   |  |  |  |
| Instr | uction Medium:                                   |   |                                       |                         | Nationality:          | India         | •  |   |  |  |  |
|       |  |   | Student's Perso                       | onal Informati          | on                    |               |  |   |  |  |  |
| Stud  | ent's Name: BORICH                               | IA JINAL DILIP  |                                       |                         | Mother's Name: B      | HARTI         | Gender: Female                                     |   |  |  |  |
| Nam   | e in Vernacular Langua                           | ge:जिनल बोरिचा  |                                       |                         |                       |               |  |   |  |  |  |
| Addı  | ess: D/O dilip boricha,                          | near lion park lokmanya nagar   | parigarh khadi LBS Ma                 | irg kurla               |                       |               |  |   |  |  |  |
| City: | mumbai, Taluka: Mumb                             | ai, District: Mumbai City, State                                      | : Maharashtra, PIN: 400               | 0070                    |                       |               |  |   |  |  |  |
| Tele  | phone no.:                                       | Mob   | ile no: 917506525103                  |                         |                       |               |  |   |  |  |  |
| DOE   | : Jun 30, 1999                                   | Category: Reserved (  | SC)                                   |                         |                       |               |  |   |  |  |  |
|       |  | Details: Sem IV(Regular-Rev   | 16)                                   | Exam Even               | t: Apr-2019           | Seat          | No: 0668717 (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 - Co    | llege Assessm | nent)  |   |  |  |  |
| SN    | Paper Code                                       |   | Paper Name                            |                         |                       |               | AM - AT  |   |  |  |  |
| 1     | 86001  | Operation Research  |                                       |                         |                       | Th-U/         | A [] ;Th-CA []                                     |   |  |  |  |
| 2     | 86004 I  | HRM in Global Perspective   |                                       |                         |                       |               | 4 [] ;Th-CA []                                     |   |  |  |  |
| 3     | 86010 I  | HRM in Service Sector Manage  | Th-UA                                 | Th-UA [];Th-CA []       |                       |               |  |   |  |  |  |
| 4     | 86016 I  | Human Resource Accounting a   | ıman Resource Accounting and Audit    |                         |                       |               |  |   |  |  |  |
| 5     | 86019 I  | ndian Ethos in Management   | · · · · · · · · · · · · · · · · · · · |                         |                       |               |  |   |  |  |  |
| 6     | UBMSFSVI.5                                       | Project Work  |                                       |                         |                       | Pw-U          | A [];Pw-CA []                                      |   |  |  |  |
| Con   | ocation Fee                                      | Exam Form Late  | Fee                                   | Exam Form               | Super Late Fee        | Exar          | mination Fees                                      |   |  |  |  |
| Mark  | Statement Fee                                    | Total:  |                                       |                         |                       |               |  | _ |  |  |  |
| Payr  | nent Details: A                                  | mount Received:   | Col                                   | lege Receipt            | No. and Date:         |               |  | _ |  |  |  |
| DD I  | No:  | MICR No:  | DD Date:                              |                         |                       | Bank          | Bank:  |   |  |  |  |
| Cent  | er Preference (Code/Na                           | me):  |                                       |                         |                       |               |  |   |  |  |  |
| Venu  | ue Preference (Code/Na                           | me):  |                                       |                         |                       |               |  |   |  |  |  |
| To, 1 | The Controller of Examir                         | ation,  |                                       |                         |                       |               | Place: Vidyavihar                                  | 1 |  |  |  |
|       |  | ent myself for the ensuing exam                                       |                                       |                         |                       |               | _  |   |  |  |  |
|       |  | nde in this application are true,<br>bus and the list of books prescr |                                       |                         |                       |               | Date:  |   |  |  |  |
| requ  | est for any special conc                         | ession such as change in time   | or day fixed for universi             | ty Examinatio           | n etc. on religious o | r any         |  | 1 |  |  |  |
|       | r ground. I understand the<br>elled or rejected. | nat in the event of any informat                                      | on being found false or               | incorrect, my           | candidature is liabl  | e to be       |  |   |  |  |  |
| Caric | elled of rejected.                               |   |                                       |                         |                       |               | Student's Signature                                |   |  |  |  |
| Decl  | aration by Principal/HOI                         | D/Chairperson   |                                       |                         |                       |               |  |   |  |  |  |
| resp  | onsibility of fulfillment/re                     | zed by the College staff and by ctification of the information. H     |                                       |                         |                       |               |  |   |  |  |  |
| cour  | se/term work (if any) acc                        | cording to university rules.  | <b>.</b>                              |                         |                       |               |  | _ |  |  |  |
| Plac  | e:   |   |                                       |                         |                       |               |  |   |  |  |  |
| Date  |  |   | _                                     |                         |                       |               |  |   |  |  |  |
| Daic  | •  |   | College Sta                           | College Staff Signature |                       |               | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson

Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: 095162 2017016401264327 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: KHANDOR KRISHI SANJAY Mother's Name: SONAL Gender: Female Name in Vernacular Language:krishi Address: A/21 MUNIVURAT DARSHAN NAVROJI LANE GHATKOPAR WEST City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 Mobile no: 919930993480 Email: krishikhandor@gmail.com Telephone no.: DOB: Jan 28, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668678 (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 SN Paper Name 86001 Operation Research Th-UA[];Th-CA[] 2 86003 Brand Management Th-UA[];Th-CA[] 86006 3 Retail Management Th-UA [ ] ;Th-CA [ ] 86009 International Marketing Th-UA[];Th-CA[] 5 86012 Media Planning and Management Th-UA[];Th-CA[] 6 **UBMSFSVI.5** Project Work **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: DD Date: Bank: DD No. MICR No: 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:



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

Application Form for Examination of Summer Session 2020 event.

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

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| PRN:   | Eligi   | ibility Status:      | Examination 6<br>09516 |                     | Division/Section:       | Roll No        | ı.:               | NELIONE                    |  |  |
|--|---|----------------------|------------------------|---------------------|-------------------------|----------------|-------------------|----------------------------|--|--|
| 2017016401264335   |   | Eligible             |                        |                     | В                       | 79             |                   |                            |  |  |
| Instruction Medium:  |   |                      |                        |                     | Nationality:            | India          |                   |                            |  |  |
|  |   |                      | Student's P            | ersonal Informati   | on                      |                |                   |                            |  |  |
| Student's Name: BHAV   | E MRUNAL SI   | HRIRANJAN            |                        |                     | Mother's Name: JA       | NHAVI          | (                 | Gender: Female             |  |  |
| Name in Vernacular Langu   | ıage:भावे मृणात   | त्र श्रीरंजन         |                        |                     |                         |                |                   |                            |  |  |
| Address: 2 SHRIDHAR AP   | 'ARTMENT M  | AKHMALI TALAO        | AGRA ROAD THAN         | NE WEST             |                         |                |                   |                            |  |  |
| City: THANE, Taluka: Thar  | ne, District: Th  | ane, State: Mahar    | ashtra, PIN: 400601    |                     |                         |                |                   |                            |  |  |
| Telephone no.: 25428821  |   | Mob                  | oile no: 9175062883    | 70                  | Emai                    | l : mrunalbhav | ve31@g            | mail.com                   |  |  |
| DOB: Oct 18, 1999  | Cat   | tegory: Open         |                        | Physically          | Handicap: No            |                |                   |                            |  |  |
| Previous Latest Examination  | Seat  | t No: 066            | 68716 (Status: Pass)   |                     |                         |                |                   |                            |  |  |
| Exam form appearance typ   | e: Fresher  |                      |                        |                     |                         |                |                   |                            |  |  |
| Paper Details: Ple   | ase select Par  | per details which y  | ou want to appear (    | UA - University A   | Assessment,CA - Col     | lege Assessn   | nent)             |                            |  |  |
| SN Paper Code  |   |                      | Paper Nar              | me                  |                         |                |                   | AM - AT                    |  |  |
| 1 86001  | Operation Re  | esearch              |                        | Т                   |                         |                | A [ ] ;Th-        | CA[]                       |  |  |
| 2 86004  | HRM in Glob   | oal Perspective      |                        |                     |                         | Th-U/          | A [ ] ;Th-        | CA[]                       |  |  |
| 3 86010 HRM in Service Sector Management   |   |                      |                        |                     |                         | Th-U/          | A [ ] ;Th-        | CA[]                       |  |  |
| 4 86016 Human Resource Accounting and Audit  |   |                      |                        |                     |                         |                | Th-UA [];Th-CA [] |                            |  |  |
| 5 86019  | Indian Ethos  | in Management        |                        |                     |                         | Th-U/          | A [ ] ;Th-        | CA[]                       |  |  |
| 6 UBMSFSVI.5 Project Work Pw-UA [];Pw-CA []  |   |                      |                        |                     |                         |                |                   | r-CA []                    |  |  |
| Convocation Fee  |   | Exam Form Late       | Fee                    | Exam Form           | Super Late Fee          | Exar           | mination          | Fees                       |  |  |
| Mark Statement Fee   |   | Total:               |                        |                     |                         |                |                   |                            |  |  |
|  |   |                      |                        |                     |                         | <del>_</del>   |                   |                            |  |  |
| ,  | Amount Recei  |                      |                        | College Receipt     | No. and Date:           |                |                   |                            |  |  |
| DD No:   |   | MICR No:             |                        | DD Date:            |                         | Bank           | Ε.                |                            |  |  |
| Center Preference (Code/N  |   |                      |                        |                     |                         |                |                   |                            |  |  |
| Venue Preference (Code/N   |   |                      |                        |                     |                         |                | ı                 |                            |  |  |
| To, The Controller of Exam   |   |                      |                        |                     | e e e                   | · · · ·        | Place:            | Vidyavihar                 |  |  |
| I request permission to pre<br>declare that all statement n<br>have gone through the sylli | made in this ap   | pplication are true, | complete and correct   | ct to the best of m | ny knowledge and be     | elief. I       | Date:             |                            |  |  |
| request for any special con  | ncession such   | as change in time    | or day fixed for unive | ersity Examination  | on etc. on religious or | r any          |                   |                            |  |  |
| other ground. I understand cancelled or rejected.  | that in the eve   | ent of any informate | on being found false   | e or incorrect, my  | candidature is liable   | to be          |                   |                            |  |  |
| Janochou of Tojootou.  |   |                      |                        |                     |                         |                | St                | udent's Signature          |  |  |
| Declaration by Principal/H0  | OD/Chairperso   | on                   |                        |                     |                         |                |                   |                            |  |  |
| responsibility of fulfillment/   | his form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the esponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical ourse/term work (if any) according to university rules. |                      |                        |                     |                         |                |                   |                            |  |  |
| Place:   |   |                      |                        |                     |                         |                |                   |                            |  |  |
| Date:  |   |                      | College                | e Staff Signature   |                         |                |                   | nature of<br>D/Chairperson |  |  |



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



|  | PRN:   | Eligi            | bility Status:      | Examination f<br>09516 |                    | Division/Section:     | Roll No          | ).:        | RahiL                |  |
|--|--|------------------|---------------------|------------------------|--------------------|-----------------------|------------------|------------|----------------------|--|
|  | 2017016401264343   |                  | Eligible            |                        |                    | С                     | 204              |            | Tarit                |  |
| Instr  | uction Medium:   |                  |                     |                        |                    | Nationality:          | India            |            |                      |  |
|  |  |                  |                     | Student's Pe           | ersonal Informati  | on                    |                  |            |                      |  |
| Stud   | ent's Name: SHAH   | RAHIL NIRA\      | /                   |                        |                    | Mother's Name: KI     | RUPALI           | (          | Gender: Male         |  |
| Nam  | e in Vernacular Langu  | age:રાફીલ        |                     |                        |                    |                       |                  |            |                      |  |
| Addr   | ess: 705 / 706 PRABH   | U APARTME        | NTS OPP RAJAW       | ADI P.O ASHAPUR        | A LANE             |                       |                  |            |                      |  |
| City:  | MUMBAI, Taluka: Kur  | la, District: Μι | ımbai Suburban, S   | tate: Maharashtra, F   | PIN: 400077        |                       |                  |            |                      |  |
| Tele   | phone no.:   |                  | Mob                 | ile no: 91982003356    | 67                 | Emai                  | il : niravkrupal | li@gmail   | .com                 |  |
| DOB  | : Dec 06, 1999   | Cat              | tegory: Open        |                        | Physically         | Handicap: No          |                  |            |                      |  |
|  |  |                  |                     |                        |                    |                       |                  |            | 68634 (Status: Pass) |  |
| Exar   | n form appearance typ  |                  |                     |                        |                    |                       |                  |            |                      |  |
| Pape   | er Details: Plea   | ase select Pa    | per details which y | ou want to appear (    | UA - University A  | Assessment,CA - Co    | llege Assessr    | ment)      |                      |  |
| SN   | Paper Code   |                  |                     | Paper Nar              | ne                 |                       |                  |            | AM - AT              |  |
| 1  | 86001  | Operation Re     |                     |                        |                    |                       |                  | A [ ] ;Th- |                      |  |
| 2  | 86002  | International    |                     |                        |                    |                       |                  | A [ ] ;Th- |                      |  |
| 3 86008 Project Management   |  |                  |                     |                        |                    |                       |                  | A [ ] ;Th- |                      |  |
|  |  |                  |                     |                        |                    |                       |                  | A [ ] ;Th- |                      |  |
| 5 86017 Indirect Taxes Th-UA [] ;Th-CA [   |  |                  |                     |                        |                    |                       |                  |            |                      |  |
| 6 UBMSFSVI.5 Project Work Pw-UA [] ;Pw-CA []  Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees |  |                  |                     |                        |                    |                       |                  |            |                      |  |
|  | vocation Fee   |                  | Exam Form Late      | ree                    | Exam Form          | Super Late Fee        | Exa              | mination   | Fees                 |  |
| wark   | Statement Fee  |                  | Total:              |                        |                    |                       |                  |            |                      |  |
| Payr   | ment Details:  | Amount Rece      | ived:               |                        | College Receipt    | No. and Date:         |                  |            |                      |  |
| DD I   | No:  |                  | MICR No:            |                        | DD Date:           |                       | Bank             | (:         |                      |  |
| Cent   | er Preference (Code/N  | lame):           |                     |                        |                    |                       |                  |            |                      |  |
|  | ue Preference (Code/N  |                  |                     |                        |                    |                       |                  |            |                      |  |
| To, 1  | The Controller of Exam   | ination,         |                     |                        |                    |                       |                  | Place:     | Vidyavihar           |  |
| decla  | uest permission to pres<br>are that all statement me<br>gone through the sylla   | nade in this ap  | plication are true, | complete and correc    | t to the best of n | ny knowledge and be   | elief. I         | Date:      |                      |  |
| requ<br>othe   | est for any special con<br>r ground. I understand  | cession such     | as change in time   | or day fixed for unive | ersity Examination | n etc. on religious o | r any            |            |                      |  |
| canc   | elled or rejected.   |                  |                     |                        |                    |                       |                  | St         | udent's Signature    |  |
| Decl   | aration by Principal/HC  | DD/Chairperso    | on                  |                        |                    |                       |                  |            |                      |  |
| resp   | 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   | 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)

 $\label{policy density of Summer Session 2020 event.} Application Form for Examination of Summer Session 2020 event.$ 

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

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|  | PRN:   | Eligi           | bility Status:       | Examination for<br>095165 | m No.:                  | Division/Section:     | Roll No        | ::   | - Ballian  |  |
|--|--|-----------------|----------------------|---------------------------|-------------------------|-----------------------|----------------|--|--|--|
|  | 2017016401264351   |                 | Eligible             |                           |                         | С                     | 210            |  | Carrie Contract of the Contrac |  |
| nstr   | uction Medium:   |                 |                      |                           |                         | Nationality:          | India          |  |  |  |
|  |  |                 |                      | Student's Pers            | onal Informati          | on                    |                |  |  |  |
| Stud   | ent's Name: SHUKL  | A SHIVAM L      | AVKUSH               |                           |                         | Mother's Name: KA     | AMLESH SHU     | JKLA (   | Gender: Male   |  |
| lam  | e in Vernacular Langua   | ige:शुक्ल शिव   | म् लवकुश             |                           |                         |                       |                |  |  |  |
| Addr   | ess: ROOM NO 6 DC F  | PANDEY CH       | AWL VIJAY MAHA       | L MASRANI LANE HA         | LAVPOOL                 |                       |                |  |  |  |
| City:  | MUMBAI, Taluka: Mun  | nbai, District: | Mumbai City, Stat    | e: Maharashtra, PIN: 4    | 00070                   |                       |                |  |  |  |
| ele  | ohone no.: 24195041  |                 | Mob                  | ile no: 919987837572      |                         | Emai                  | l : Shiv845.ss | @gmail.  | com  |  |
| ОВ   | : May 05, 2000   | Ca              | tegory: Open         |                           | Physically              | Handicap: No          |                |  |  |  |
| rev  | ous Latest Examination   | n Details: Se   | m IV(Regular-Rev     | 16)                       | Exam Even               | t: Apr-2019           | Seat           | t No: 066  | 68640 (Status: Pass)   |  |
| xar  | n form appearance type   | e: Fresher      |                      |                           |                         |                       |                |  |  |  |
| ape  | r Details: Plea  | 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  | 86001  | Operation Re    | esearch              | Т                         |                         |                       | Th-U           | A [ ] ;Th-   | CA[]   |  |
| 2  | 86002  | International   | Finance              | Т                         |                         |                       |                | A [ ] ;Th-   | CA[]   |  |
| 3  | 86008  | Project Mana    | agement              |                           |                         |                       | Th-U           | A [ ] ;Th-   | CA[]   |  |
| 4  | 86011  | Strategic Fin   | ancial Managemei     |                           |                         | Th-U                  | A [ ] ;Th-     | CA[]   |  |  |
| 5 86017 Indirect Taxes Th-UA [];Th-CA []     |  |                 |                      |                           |                         |                       |                | CA[]   |  |  |
| 6 UBMSFSVI.5 Project Work Pw-UA []; Pw-CA [] |  |                 |                      |                           |                         |                       |                |  |  |  |
| Conv   | ocation Fee  |                 | Exam Form Late       | Fee                       | Exam Form               | Super Late Fee        | Exar           | mination   | Fees   |  |
| /lark  | Statement Fee  |                 | Total:               |                           |                         |                       |                |  |  |  |
|  |  |                 |                      | T <sub>-</sub>            |                         |                       |                |  |  |  |
|  |  | Amount Rece     | 1                    | Со                        |                         | No. and Date:         |                |  |  |  |
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|  | er Preference (Code/N  |                 |                      |                           |                         |                       |                |  |  |  |
|  | e Preference (Code/Na  |                 |                      |                           |                         |                       |                |  |  |  |
|  | he Controller of Exami   |                 |                      |                           |                         |                       |                | Place:   | Vidyavihar   |  |
| lecla  | uest permission to pres<br>are that all statement m<br>gone through the sylla  | ade in this ap  | oplication are true, | complete and correct t    | o the best of n         | ny knowledge and be   | elief. I       | Date:  |  |  |
| equ  | est for any special cond   | ession such     | as change in time    | or day fixed for univers  | ity Examination         | n etc. on religious o | any            |  |  |  |
|  | ground. I understand t<br>elled or rejected.   | that in the eve | ent of any informat  | on being found false o    | r incorrect, my         | candidature is liable | e to be        |  |  |  |
| anc  | cilea or rejectea.   |                 |                      |                           |                         |                       |                | St   | udent's Signature  |  |
| Decl   | aration by Principal/HO  | D/Chairperso    | on                   |                           |                         |                       |                |  |  |  |
| 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  | <b>)</b> :   |                 |                      |                           |                         |                       |                |  |  |  |
| Date   |  |                 |                      | _                         |                         |                       |                |  |  |  |
|  |  |                 |                      | College S                 | College Staff Signature |                       |                | Seal and Signature of<br>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.

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

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|   | PRN:   | Eligi           | bility Status:                          | Examination form 095166  | No.:           | Division/Section   | n: R              | oll No.:    | Barriba                |  |
|---|--|-----------------|---|--|----------------|--------------------|-------------------|-------------|------------------------|--|
|   | 2017016401264366   | Р               | rovisional                              |  |                | Α                  |                   | 60          | barrat                 |  |
| Instr   | uction Medium:   | _ <del>'</del>  |   |  |                | Nationality:       | India             |             |                        |  |
|   |  |                 |   | Student's Perso  | nal Informati  | on                 |                   |             |                        |  |
| Stud  | ent's Name: THAK   | AR BHUMIK       | A BHAVIK                                |  |                | Mother's Name      | e: PRAGNA         |             | Gender: Female         |  |
| Nam   | e in Vernacular Langua   | age:ભૂમિકા      |   |  |                |                    |                   |             |                        |  |
| Addr  | ess: C-3 905 LOK EVE   | REST CEME       | NT CO. J.S.D RO.                        | AD MULUND(W) MUME  | BAI-400080     |                    |                   |             |                        |  |
| City:   | MUMBAI, Taluka: Kurl   | a, District: Mu | umbai Suburban, S                       | tate: Maharashtra, PIN:  | 400080         |                    |                   |             |                        |  |
| Tele  | ohone no.: 25651842  |                 | Mob                                     | ile no: 919769048948   |                | E                  | mail : bhum       | ikacreative | es@yahoo.com           |  |
| DOB   | : Oct 15, 1999   | Cat             | tegory: Open                            |  | Physically     | Handicap: No       |                   |             |                        |  |
| Prev  | ious Latest Examinatio   | n Details: Ser  | m IV(Regular-Rev1                       | 6)   | Exam Even      | t: Apr-2019        |                   | Seat No:    | 0668708 (Status: Pass) |  |
| 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 | ssessment,CA -     | - College As      | sessment    | )                      |  |
| SN  | Paper Code   |                 |   | Paper Name   |                |                    |                   |             | AM - AT                |  |
| 1   | 86001  | Operation Re    | esearch                                 |  |                |                    |                   | Th-UA[];    | Th-CA[]                |  |
| 2   | 86003  | Brand Manag     | gement                                  |  |                |                    |                   | Th-UA [ ] ; | Th-CA[]                |  |
| 3 86006 Retail Management                               |  |                 |   |  |                |                    | Th-UA [];Th-CA [] |             |                        |  |
| 4 86009 International Marketing Th-UA [];Th-            |  |                 |   |  |                |                    |                   | Th-CA[]     |                        |  |
| 5 86012 Media Planning and Management Th-UA [];Th-CA [] |  |                 |   |  |                |                    |                   | Th-CA[]     |                        |  |
| 6   | UBMSFSVI.5   | Project Work    |   |  |                |                    |                   | Pw-UA[]     | ;Pw-CA []              |  |
| Con   | ocation Fee  |                 | Exam Form Late                          | Fee  | Exam Form      | Super Late Fee     |                   | Examinat    | tion Fees              |  |
| Mark  | Statement Fee  |                 | Total:                                  |  |                |                    |                   |             |                        |  |
| Payr  | nent Details:  | Amount Recei    | ived:                                   | Coll   | ege Receipt    | No. and Date:      |                   |             |                        |  |
| DD N  | lo:  |                 | MICR No:                                | •  | DD Date:       |                    |                   | Bank:       |                        |  |
| Cent  | er Preference (Code/N  | ame):           | •                                       | '  |                |                    |                   |             |                        |  |
| Venu  | ie Preference (Code/N  | ame):           |   |  |                |                    |                   |             |                        |  |
| To, 1   | he Controller of Exam  | nation,         |   |  |                |                    |                   | Plac        | ce: <b>Vidyavihar</b>  |  |
| decla   | are that all statement m   | ade in this ap  | oplication are true,                    | nination. I have remitted complete and correct to ibed for the examination | the best of n  | ny knowledge an    | id belief. I      | Date        |                        |  |
| requ  | est for any special cond   | cession such    | as change in time                       | or day fixed for universit<br>on being found false or                      | y Examinatio   | n etc. on religiou | us or any         |             |                        |  |
|   | elled or rejected.   |                 | , |  | ,,             |                    |                   |             | Student's Signature    |  |
| Decl  | aration by Principal/HC  | D/Chairperso    | on                                      |  |                |                    |                   |             |                        |  |
| resp  | 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 ourse/term work (if any) according to university rules. |                 |   |  |                |                    |                   |             |                        |  |
| Place   | э:   |                 |   |  |                |                    |                   |             |                        |  |
| Date  | College Staff Signature  College Staff Signature  Seal and Signature of  Principal/HOD/Chairparson   |                 |   |  |                |                    |                   |             |                        |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|   |  |                  |                     |                      |                         |                       | -               |   |                      |  |
|---|--|------------------|---------------------|----------------------|-------------------------|-----------------------|-----------------|---|----------------------|--|
|   | PRN:   | Eligi            | bility Status:      | Examination 09516    |                         | Division/Section:     | Roll No         | u.:   | TICAR                |  |
| :   | 2017016401264374                                   |                  | Eligible            |                      |                         | В                     | 81              |   | DIGITA               |  |
| Instru                                      | ıction Medium:                                     |                  |                     |                      |                         | Nationality:          | India           |   |                      |  |
|   |  |                  |                     | Student's P          | ersonal Informati       |                       |                 |   |                      |  |
| Stud  | ent's Name: CHHE                                   | DA JIGAR RA      | SHMIK               |                      |                         | Mother's Name: V      | ARSHA           | (   | Gender: Male         |  |
| Nam   | e in Vernacular Langu                              | age:जिगर छेद     | -                   |                      |                         |                       |                 |   |                      |  |
| Addr  | ess: 13/200,SAMEER                                 | BUILDING R       | AM MILAN SHULK      | A MARG SION - EA     | AST                     |                       |                 |   |                      |  |
|   | MUMBAI, Taluka: Mu                                 |                  |                     |                      |                         |                       |                 |   |                      |  |
| Telep                                       | hone no.:  |                  | Mot                 | ile no: 9181695607   | 96                      | Emai                  | l : jigar.1998@ | gmail.c   | com                  |  |
| DOB   | : Nov 14, 1999                                     | Ca               | tegory: Open        |                      | Physically              | Handicap: No          |                 |   |                      |  |
| Previ                                       | ous Latest Examination                             | n Details: Se    | m IV(Regular-Rev    | 6)                   | Exam Even               | t: Apr-2019           | Seat            | t No: 066                                       | 68719 (Status: Pass) |  |
| Exan  | n form appearance typ                              | e: Fresher       |                     |                      |                         |                       |                 |   |                      |  |
| Pape  | r Details: Ple                                     | ase select Pa    | per details which y | ou want to appear (  | UA - University A       | Assessment,CA - Co    | llege Assessn   | nent)   |                      |  |
| SN  | Paper Code   |                  |                     | Paper Na             | me                      |                       |                 |   | AM - AT              |  |
| 1   | 86001  | Operation Ro     | esearch             | Т                    |                         |                       |                 | A [ ] ;Th-                                      | CA[]                 |  |
| 2   | 86004  | HRM in Glob      | al Perspective      |                      |                         |                       | Th-U            | A [ ] ;Th-                                      | CA[]                 |  |
| 3   | 86010  | HRM in Serv      | ice Sector Manage   | ement                | nent -                  |                       |                 | Th-UA[];Th-CA[]                                 |                      |  |
| 4 86016 Human Resource Accounting and Audit |  |                  |                     |                      |                         |                       | Th-U            | A [ ] ;Th-                                      | CA[]                 |  |
| 5   | 86019  | Indian Ethos     | in Management       |                      |                         |                       | Th-U            | A [ ] ;Th-                                      | CA[]                 |  |
| 6 UBMSFSVI.5 Project Work Pw-UA [];Pw-CA [] |  |                  |                     |                      |                         |                       |                 | r-CA []   |                      |  |
| Conv  | ocation Fee  |                  | Exam Form Late      | Fee                  | Exam Form               | Super Late Fee        | Exar            | mination  | Fees                 |  |
| Mark  | Statement Fee                                      |                  | Total:              |                      |                         |                       |                 |   |                      |  |
| Pavn  | nent Details:                                      | Amount Rece      | ived:               |                      | College Receipt         | No. and Date:         |                 |   |                      |  |
| DD N  |  | , anount 1 too   | MICR No:            |                      | DD Date:                | Tto: and Bate.        | Bank            | :   |                      |  |
|   | er Preference (Code/N                              | lame):           |                     |                      | 1                       |                       | 1               |   |                      |  |
|   | e Preference (Code/N                               |                  |                     |                      |                         |                       |                 |   |                      |  |
| To, T                                       | he Controller of Exam                              | ination,         |                     |                      |                         |                       |                 | Place:  | Vidyavihar           |  |
|   | uest permission to pre                             |                  |                     |                      |                         |                       |                 | <b>.</b> .                                      | .,                   |  |
|   | re that all statement n<br>gone through the sylla  |                  |                     |                      |                         |                       |                 | Date:   |                      |  |
|   | est for any special con                            |                  |                     |                      |                         |                       |                 |   |                      |  |
|   | ground. I understand 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         |   |                      |  |
| canc  | elled of rejected.                                 |                  |                     |                      |                         |                       |                 | Sti   | udent's Signature    |  |
| Decla                                       | aration by Principal/HO                            | DD/Chairperso    | on                  |                      |                         |                       |                 |   |                      |  |
| respo                                       | form is carefully scrutionsibility of fulfillment/ | rectification of | the information. H  |                      |                         |                       |                 |   |                      |  |
| cour  | se/term work (if any) a                            | ccoraing to ur   | iiversity rules.    |                      |                         |                       |                 |   |                      |  |
| Place                                       | e:   |                  |                     |                      |                         |                       |                 |   |                      |  |
| <b>.</b> .                                  |  |                  |                     |                      |                         |                       |                 |   |                      |  |
| Date  |  |                  |                     | College              | e Staff Signature       |                       | Seal :          | and Sign  | nature of            |  |
|   |  |                  |                     | Concept              | College Stall Signature |                       |                 | Seal and Signature of Principal/HOD/Chairperson |                      |  |



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

 $\label{policy density of Summer Session 2020 event.} Application Form for Examination of Summer Session 2020 event.$ 

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|  | PRN:                                      | Eligibility Status:   | Examination for<br>095168 | m No.:                      | Division/Section:   | Roll No           | u:                   | 1/4-1             |  |
|--|---|---|---------------------------|-----------------------------|---------------------|-------------------|----------------------|-------------------|--|
| :  | 2017016401264382                          | Provisional   |                           |                             | С                   | 199               | - 11                 | 1                 |  |
| Instru   | uction Medium:                            |   |                           |                             | Nationality:        | India             |                      |                   |  |
|  |   |   | Student's Pers            | sonal Informati             | on                  | -                 |                      |                   |  |
| Stud   | ent's Name: SEJPA                         | L DHAVAL DHARMENDRA   |                           |                             | Mother's Name: AF   | RCHANA            | Gen                  | der: Male         |  |
| Nam  | e in Vernacular Langua                    | ge:ધવલ સેજપાલ   |                           |                             |                     |                   | ·                    |                   |  |
| Addr   | ess: MEHUL MAHEND                         | RA ATHA C - 204, KESHAV I   | (UNJ - 1, PLOT NO. 38 /   | / 39, SECTOF                | R-30, VASHI, NAVI M | IUMBAI            |                      |                   |  |
| City:  | MUMBAI, Taluka: Thar                      | ne, District: Thane, State: Mal   | arashtra, PIN: 400705     |                             |                     |                   |                      |                   |  |
| Tele   | ohone no.:                                | Me  | bile no: 918770273649     |                             | Emai                | l : dhaval.sejp   | al.9@gmail           | .com              |  |
| DOB  | : Feb 29, 2000                            | Category: Open  |                           | Physically                  | Handicap: No        |                   |                      |                   |  |
| Prev   | ious Latest Examinatior                   | n Details: Sem IV(Regular-Re  | v16)                      | Exam Even                   | t: Apr-2019         | Seat              | t No: 066863         | 30 (Status: Pass) |  |
| Exan   | n form appearance type                    | : Fresher   |                           |                             |                     |                   |                      |                   |  |
| Pape   | er Details: Plea                          | se select Paper details which   | you want to appear ( UA   | A - University A            | Assessment,CA - Col | lege Assessn      | nent)                |                   |  |
| SN   | Paper Code                                |   | Paper Name                | !                           |                     |                   | F                    | AM - AT           |  |
| 1  | 86001                                     | Operation Research  |                           |                             |                     |                   | A [ ] ;Th-CA         |                   |  |
| 2 86002 International Finance                            |   |   |                           |                             |                     | Th-UA [];Th-CA [] |                      |                   |  |
|  |   |   |                           |                             |                     | Th-U              | Th-UA [ ] ;Th-CA [ ] |                   |  |
| 4 86011 Strategic Financial Management Th-UA [];Th-CA [] |   |   |                           |                             |                     |                   |                      | []                |  |
| 5 86017 Indirect Taxes Th-UA [];Th-CA []                 |   |   |                           |                             |                     |                   |                      |                   |  |
| 6 UBMSFSVI.5 Project Work Pw-UA[];Pw-CA[]                |   |   |                           |                             |                     |                   | <b>\[]</b>           |                   |  |
| Conv   | ocation Fee                               | Exam Form Lat   | e Fee                     | ee Exam Form Super Late Fee |                     |                   | mination Fee         | es                |  |
| Mark   | Statement Fee                             | Total:  |                           |                             |                     |                   |                      |                   |  |
| Dove   | nont Dotoilo:                             | .mount Received:  | lc <sub>o</sub>           | Ilogo Possint               | No. and Data:       |                   |                      | _                 |  |
| DD N   |   | MICR No:  |                           | DD Date:                    | No. and Date.       | Bank              |                      |                   |  |
|  | er Preference (Code/Na                    |   |                           | DD Date.                    |                     | Dank              |                      |                   |  |
|  | ie Preference (Code/Na                    | · · · · · · · · · · · · · · · · · · ·   |                           |                             |                     |                   |                      |                   |  |
|  | The Controller of Examin                  | ,   |                           |                             |                     |                   | Diago. V             | (i.da. dh an      |  |
|  |   | ent myself for the ensuing ex   | mination I have remitte   | d the prescribe             | ed fee for the same | l hereby          | Place: V             | /idyavihar        |  |
| decla  | are that all statement ma                 | ade in this application are true  | e, complete and correct t | o the best of n             | ny knowledge and be | elief. I          | Date:                |                   |  |
|  |   | bus and the list of books pres<br>ession such as change in tim                              |                           |                             |                     |                   |                      |                   |  |
| othe   | ground. I understand t                    | hat in the event of any information   |                           |                             |                     |                   |                      |                   |  |
| canc   | ancelled or rejected. Student's Signature |   |                           |                             |                     |                   |                      |                   |  |
| Deck   | aration by Principal/HO                   | D/Chairperson   |                           |                             |                     |                   | Otado                | nto olginataro    |  |
| This resp  | form is carefully scrutin                 | ized by the College staff and ectification of the information. cording to university rules. |                           |                             |                     |                   |                      |                   |  |
| Place  | э:  |   |                           |                             |                     |                   |                      |                   |  |
| Date   | :   |   |                           |                             |                     |                   |                      |                   |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|  | PRN:  | Eligi            | bility Status:       | Examination f<br>09516 |                         | Division/Section:      | Roll No  | ).:        |                      |  |
|--|---|------------------|----------------------|------------------------|-------------------------|------------------------|--|------------|----------------------|--|
|  | 2017016401264397  |                  | Eligible             |                        |                         | Α                      | 19   |            | Piana                |  |
| Instru                                       | uction Medium:  | •                |                      |                        |                         | Nationality:           | India  |            | •                    |  |
|  |   |                  |                      | Student's Pe           | ersonal Informat        | ion                    |  |            |                      |  |
| Stud   | ent's Name: GOME  | S DIANA MIC      | HEAL                 |                        |                         | Mother's Name: Ca      | ASSINTA  | (          | Gender: Female       |  |
| Nam  | e in Vernacular Langua  | age:गोम्स डा     | यना मिचेल            |                        |                         |                        |  |            |                      |  |
| Addr   | ess: Robert V Gomes h   | nomes, vikhro    | oli village, mumbai  | 400079, maharashtr     | а                       |                        |  |            |                      |  |
| City:  | Mumbai, Taluka: Mum   | bai, District: N | Mumbai City, State   | : Maharashtra, PIN:    | 400079                  |                        |  |            |                      |  |
| Tele   | ohone no.:  |                  | Mot                  | oile no: 91882817761   | 11                      | Emai                   | l : dianagome                                      | s2911@     | gmail.com            |  |
| DOB  | : May 10, 1999  | Cat              | tegory: Open         |                        | Physically              | Handicap: No           |  |            |                      |  |
| Prev   | ious Latest Examinatio  | n Details: Sei   | m IV(Regular-Rev     | 16)                    | Exam Even               | it: Apr-2019           | Sea  | t No: 066  | 68667 (Status: Pass) |  |
| Exan   | 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 Nar              | ne                      |                        |  |            | AM - AT              |  |
| 1  | 86001   | Operation Re     | esearch              |                        | ·                       |                        |  | A [ ] ;Th- | -CA[]                |  |
| 2  | 86003   | Brand Manag      | gement               |                        |                         |                        |  | A [ ] ;Th- | -CA[]                |  |
| 3  | 86006   | Retail Manag     | gement               |                        |                         |                        |  | A [ ] ;Th- | -CA[]                |  |
| 4 86009 International Marketing              |   |                  |                      |                        |                         |                        | Th-U   | A [ ] ;Th- | -CA[]                |  |
| 5 86012 Media Planning and Management Th     |   |                  |                      |                        |                         |                        | Th-U   | A [ ] ;Th- | -CA[]                |  |
| 6 UBMSFSVI.5 Project Work Pw-UA [] ;Pw-CA [] |   |                  |                      |                        |                         |                        | 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:          |  |            |                      |  |
| DD N   |   |                  | MICR No:             |                        | DD Date:                |                        | Bank   | (:         |                      |  |
| Cent   | er Preference (Code/N   | ame):            |                      |                        |                         |                        |  |            |                      |  |
| Venu   | e Preference (Code/Na   | ame):            |                      |                        |                         |                        |  |            |                      |  |
| To, T  | he Controller of Exami  | ination,         |                      |                        |                         |                        |  | Place:     | Vidyavihar           |  |
| decla  | uest permission to pres<br>are that all statement m<br>gone through the sylla   | ade in this ap   | oplication are true, | complete and correct   | t to the best of n      | ny knowledge and be    | elief. I   | Date:      |                      |  |
| requ   | est for any special cond  | cession such     | as change in time    | or day fixed for unive | ersity Examination      | on etc. on religious o | r any  |            |                      |  |
|  | ground. I understand telled or rejected.  | that in the eve  | ent of any informat  | ion being found false  | or incorrect, my        | candidature is liable  | e to be  |            |                      |  |
| Caric  | elled of rejected.  |                  |                      |                        |                         |                        |  | St         | udent's Signature    |  |
| Deck   | aration by Principal/HO   | D/Chairperso     | on                   |                        |                         |                        |  |            |                      |  |
| resp   | 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   | :   |                  |                      |                        |                         |                        |  |            |                      |  |
|  |   |                  |                      | College                | College Staff Signature |                        | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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| PRN:  | Eligi  | ibility Status:      | Examination form 095170     | ı No.:         | Division/Section:       | Roll No        | ).:               | Sayan                      |  |  |
|---|--|----------------------|-----------------------------|----------------|-------------------------|----------------|-------------------|----------------------------|--|--|
| 2017016401264401  |  | Eligible             |                             |                | С                       | 206            |                   |                            |  |  |
| nstruction Medium:  |  |                      |                             |                | Nationality:            | India          |                   |                            |  |  |
|   |  |                      | Student's Perso             | onal Informati | on                      |                |                   |                            |  |  |
| Student's Name: SHAH  | SAYAM PAN  | KAJ                  |                             |                | Mother's Name: NI       | SHA            | (                 | Gender: Male               |  |  |
| lame in Vernacular Langu  | age:SAYAM  |                      |                             |                |                         |                |                   |                            |  |  |
| ddress: 8, B WING, KRIS   | HNA NIWAS,   | R P ROAD, NEAR       | 396 BUS STOP MULU!          | ND WEST        |                         |                |                   |                            |  |  |
| City: MUMBAI, Taluka: Mu  | mbai, District:  | Mumbai City, Stat    | e: Maharashtra, PIN: 40     | 0080           |                         |                |                   |                            |  |  |
| elephone no.: 25932136  |  |                      | pile no: 919930771506       |                | Emai                    | il : shahsayam | າ1999@ເ           | gmail.com                  |  |  |
| OOB: Oct 22, 1999   | Cat  | tegory: Open         |                             | Physically     | Handicap: No            |                |                   |                            |  |  |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019           |  |                      |                             |                |                         |                | t No: 066         | 68637 (Status: Pass)       |  |  |
| xam form appearance typ   | e: Fresher   |                      |                             |                |                         |                |                   |                            |  |  |
| Paper Details: Ple  | 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 86001   | Operation Re   | esearch              |                             | Th-U.          |                         |                |                   | ·CA[]                      |  |  |
| 2 86002   | International  | Finance              |                             |                |                         | Th-U           | A [ ] ;Th-        | CA[]                       |  |  |
| 3 86008 Project Management  |  |                      |                             |                |                         | Th-U           | A [ ] ;Th-        | CA[]                       |  |  |
| 4 86011 Strategic Financial Management  |  |                      |                             |                |                         |                | Th-UA [];Th-CA [] |                            |  |  |
| 5 86017 Indirect Taxes  |  |                      |                             |                |                         |                | A [ ] ;Th-        | CA[]                       |  |  |
| 6 UBMSFSVI.5 Project Work Pw-UA [] ;Pw-CA []  |  |                      |                             |                |                         |                | /-CA []           |                            |  |  |
| Convocation Fee   |  | Exam Form Late       | Fee                         | Exam Form      | Super Late Fee          | Exar           | mination          | Fees                       |  |  |
| Mark Statement Fee  |  | Total:               |                             |                |                         |                |                   |                            |  |  |
|   |  | <u> </u>             |                             |                |                         |                |                   |                            |  |  |
| •   | Amount Recei   | 1                    |                             | · .            | No. and Date:           | <del></del>    |                   |                            |  |  |
| DD No:  |  | MICR No:             |                             | DD Date:       |                         | Bank           | <u>:</u>          |                            |  |  |
| Center Preference (Code/N   |  |                      |                             |                |                         |                |                   |                            |  |  |
| /enue Preference (Code/N  |  |                      |                             |                |                         |                |                   |                            |  |  |
| o, The Controller of Exam   |  |                      |                             |                |                         |                | Place:            | Vidyavihar                 |  |  |
| request permission to pre-<br>leclare that all statement n<br>have gone through the sylla | made in this ap  | pplication are true, | complete and correct to     | the best of m  | ny knowledge and be     | elief. I       | Date:             |                            |  |  |
| equest for any special con<br>other ground. I understand                                  | ncession such  | as change in time    | or day fixed for university | ty Examinatio  | on etc. on religious or | r any          |                   |                            |  |  |
| ancelled or rejected.   |  |                      |                             |                |                         |                | St                | udent's Signature          |  |  |
| Declaration by Principal/HC   | OD/Chairperso  | on                   |                             |                |                         |                |                   | <u> </u>                   |  |  |
| This form is carefully scruti<br>esponsibility of fulfillment/                            | 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:   |  |                      | College Sta                 | aff Signature  |                         |                | and Sign          | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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'e-Suvidha' account on



|   | PRN:   | Eligi            | bility Status:       | Examination forr<br>095171 | n No.:         | Division/Section:                                  | Roll No            | o.:         | France              |
|---|--|------------------|----------------------|----------------------------|----------------|--|--------------------|-------------|---------------------|
|   | 2017016401264416   | Р                | rovisional           |                            | III            | В  | 115                |             | T County            |
| nstr  | uction Medium:   |                  |                      |                            |                | Nationality:                                       | India              |             |                     |
|   |  |                  |                      | Student's Pers             | onal Informati | on   |                    |             |                     |
| Stud  | ent's Name: ROHIT  | ARUN PAW         | AR                   |                            |                | Mother's Name: NE                                  | ETA                | (           | Gender: Male        |
| Nam   | e in Vernacular Langua   | ge:रोहित अरु     | ण पवार               |                            |                |  |                    |             |                     |
|   | ess: Flat No. 6, 2nd Flo<br>mbur (East), Mumbai  | or, Parmaha      | ns CHS, Postal Co    | lony Road, Chembur (E      | East), Mumba   | Flat No. 6, 2nd Floo                               | r, Parmahan        | ıs CHS, F   | Postal Colony Road, |
| City:   | Mumbai, Taluka: Muml   | oai, District: N | Mumbai City, State   | : Maharashtra, PIN: 400    | 0071           |  |                    |             |                     |
| ГеІе  | phone no.:   |                  | Mob                  | ile no: 919757435384       |                | Email  | : rohitconno       | r1516@g     | gmail.com           |
| DOB   | : Sep 11, 1999   | Cat              | tegory: Reserved (   | SC)                        | Physically     | Handicap: No                                       |                    |             |                     |
| Prev  | ious Latest Examination  | n Details: Sei   | m IV(Regular-Rev1    | 6)                         | Exam Even      | t: Apr-2019  | Sea                | nt No: 910  | 0101 (Status: Pass) |
| Exam form appearance type: Fresher  |  |                  |                      |                            |                |  |                    |             |                     |
| Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assess |  |                  |                      |                            |                |  |                    | ment)       |                     |
| SN Paper Code Paper Name  |  |                  |                      |                            |                |  |                    | AM - AT     |                     |
| 1   | 86001  | Operation Re     | esearch              |                            | Th             |  |                    |             | CA[]                |
| 2   | 86004  | HRM in Glob      | al Perspective       |                            |                |  | Th-U               | IA [ ] ;Th- | CA[]                |
| 3   | 86010  | HRM in Serv      | rice Sector Manage   | ment                       |                |  | Th-U               | IA [ ] ;Th- | CA[]                |
| 4 86016 Human Resource Accounting and Audit T   |  |                  |                      |                            |                | Th-U   | Th-UA [] ;Th-CA [] |             |                     |
| 5 86019 Indian Ethos in Management T  |  |                  |                      |                            |                |  | Th-U               | IA [ ] ;Th- | CA[]                |
| 6 UBMSFSVI.5 Project Work Pw-UA [];Pw-CA []   |  |                  |                      |                            |                |  | r-CA []            |             |                     |
| Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examina   |  |                  |                      |                            |                |  | mination           | Fees        |                     |
| Mark  | Statement Fee  |                  | Total:               |                            |                |  |                    |             |                     |
|   |  |                  |                      | 10.                        |                |  | •                  |             |                     |
|   |  | mount Rece       |                      | Col                        |                | No. and Date:                                      | 15                 |             |                     |
| 1 DC  |  |                  | MICR No:             |                            | DD Date:       |  | Ban                | k:          |                     |
|   | er Preference (Code/Na   |                  |                      |                            |                |  |                    |             |                     |
|   | ue Preference (Code/Na   |                  |                      |                            |                |  |                    |             |                     |
|   | The Controller of Exami  |                  |                      |                            |                |  |                    | Place:      | Vidyavihar          |
| decla   | uest permission to pres<br>are that all statement m  | ade in this ap   | oplication are true, | complete and correct to    | the best of n  | ny knowledge and be                                | lief. I            | Date:       |                     |
|   | gone through the sylla est for any special cond  |                  |                      |                            |                |  |                    |             |                     |
| othe  | r ground. I understand t   |                  |                      |                            |                |  |                    |             |                     |
| canc  | elled or rejected.   |                  |                      |                            |                |  |                    | St          | udent's Signature   |
| Decl  | aration by Principal/HO  | D/Chairperso     | on                   |                            |                |  |                    | •           | ,                   |
| This<br>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. |                  |                      |                            |                |  |                    |             |                     |
| Plac  | e:   |                  |                      |                            |                |  |                    |             |                     |
| Date  | •  |                  |                      |                            |                |  |                    |             |                     |
| Jale.   |  |                  |                      | College Staff Signature    |                | Seal and Signature of<br>Principal/HOD/Chairperson |                    |             |                     |



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

 $\label{policy density of Summer Session 2020 event.} Application Form for Examination of Summer Session 2020 event.$ 

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

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|   | PRN:   | Eligi            | ibility Status:      | Examination form 095172  | No.:  | Division/Section:      | Roll No           | 0.:         | . 9                    |  |
|---|--|------------------|----------------------|--|---|------------------------|-------------------|-------------|------------------------|--|
| :   | 2017016401264424   | P                | rovisional           |  |   | В                      | 127               |             | 100                    |  |
| Instru  | uction Medium:   |                  |                      |  |   | Nationality:           | India             |             |                        |  |
|   |  |                  |                      | Student's Persor   | nal Informati                                     | on                     |                   |             |                        |  |
| Stud  | ent's Name: SANJA  | NA VIJAYKU       | JMAR SINKAR          |  |   | Mother's Name: Al      | NITA              |             | Gender: Female         |  |
| Nam   | e in Vernacular Langua   | age:SANJAN/      | A                    |  |   |                        |                   |             |                        |  |
|   | ress: A-1/12,BEST Staff<br>ar Ghatkopar(east)  | f Quarters, Pa   | ant Nagar Ghatkop    | par(east) A-1/12,BEST Sta  | aff Quarters                                      | , Pant Nagar Ghatko    | par(east) A-      | 1/12,BES    | T Staff Quarters, Pant |  |
|   |  | la, District: Mı |                      | State: Maharashtra, PIN:   | 400075  |                        |                   |             |                        |  |
|   | phone no.: 25006535  |                  |                      | pile no: 918080641779  |   |                        | il : sanjana.si   | nkar@yn     | nail.com               |  |
|   | 8: Sep 10, 1998  |                  | tegory: Reserved (   | · · · · · · · · · · · · · · · · · · ·  | <del>, '                                   </del> | Handicap: Dyslexia     |                   |             |                        |  |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019                                     |  |                  |                      |  |   |                        | Sea               | at No: 066  | 68759 (Status: Pass)   |  |
|   | xam form appearance type: Fresher  |                  |                      |  |   |                        |                   |             |                        |  |
| Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Asse |  |                  |                      |  |   |                        |                   | ment)       |                        |  |
| SN  | Paper Code   | <u> </u>         |                      | Paper Name   |   |                        |                   |             | AM - AT                |  |
| 1   |  | Operation Re     | ∍search              |  |   |                        | Th-U              | JA [ ] ;Th- | ·CA[]                  |  |
| 2 86004 HRM in Global Perspective   |  |                  |                      |  |   | Th-U                   | JA [ ] ;Th-       | ·CA[]       |                        |  |
| 3 86010 HRM in Service Sector Management  |  |                  |                      |  |   | Th-U                   | Th-UA[];Th-CA[]   |             |                        |  |
| 4 86016 Human Resource Accounting and Audit   |  |                  |                      |  |   | Th-U                   | Th-UA [];Th-CA [] |             |                        |  |
| 5 86019 Indian Ethos in Management  |  |                  |                      |  |   |                        |                   | JA [ ] ;Th- |                        |  |
| 6 UBMSFSVI.5 Project Work Pw-   |  |                  |                      |  |   |                        | UA [ ] ;Pw        | v-CA []     |                        |  |
| Conv  | vocation Fee   |                  | Exam Form Late I     | Fee  | Exam Form   | Super Late Fee         | Exa               | amination   | Fees                   |  |
| Mark  | Statement Fee  |                  | Total:               |  |   |                        |                   |             |                        |  |
| Dave =  |  | ^ ount Doop      |                      | Call   | Dessint   | No and Date:           |                   |             |                        |  |
|   |  | Amount Recei     | 1                    | <u> </u>   |   | No. and Date:          | Pan               |             |                        |  |
| DD N  |  |                  | MICR No:             | I_r  | DD Date:  |                        | Bani              | K:          |                        |  |
|   | ter Preference (Code/N   |                  |                      |  |   |                        |                   |             |                        |  |
|   | ue Preference (Code/Na   |                  |                      |  |   |                        |                   | <del></del> |                        |  |
| •   | The Controller of Exami  | •                | · the exercise ever  | of continuous descriptions of  | U a sesaaribe                                     | - 1 fara faraba agus   | Usanalasi         | Place:      | Vidyavihar             |  |
| decla   | are that all statement m   | nade in this ap  | oplication are true, | nination. I have remitted t<br>complete and correct to t<br>ibed for the examination | 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 university  | y Examinatio                                      | n etc. on religious or | r any             |             |                        |  |
|   | r ground. I understand t<br>elled or rejected.   | that in the eve  | ent of any informati | ion being found false or in  | ncorrect, my                                      | candidature is liable  | e to be           |             |                        |  |
| Can c   | elleu oi rejecteu.   |                  |                      |  |   |                        |                   | St          | tudent's Signature     |  |
| Decla   | aration by Principal/HO  | D/Chairperso     | on 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 purse/term work (if any) according to university rules. |                  |                      |  |   |                        |                   |             |                        |  |
| Place   | <b>э</b> :   |                  |                      |  |   |                        |                   |             |                        |  |
| Date:  College Staff Signature  Seal and Signature of Principal/HOD/Chairperson                                     |  |                  |                      |  |   |                        |                   |             |                        |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



|   | PRN:                               | Eligibility Status:  | Examination form<br>095173 | n No.:                        | Division/Section:                              | Roll No.         | .:              | Zumana.             |  |
|---|------------------------------------|--|----------------------------|-------------------------------|--|------------------|-----------------|---------------------|--|
| :   | 2017016401264432                   | Provisional  |                            | III                           | А  | 30               |                 | rhan.               |  |
| nstru   | uction Medium:                     | -  |                            |                               | Nationality:                                   | India            |                 |                     |  |
|   |                                    |  | Student's Perso            | onal Informati                | ion  |                  |                 |                     |  |
| Stude   | ent's Name: KHAN R                 | UMANA MASUD ALI KHAN   |                            |                               | Mother's Name: FA                              | UJIA KHANA       | M G             | ender: Female       |  |
| lam   | e in Vernacular Languag            | ye:रूमाना खान  |                            |                               |  |                  |                 |                     |  |
|   | ess: F/1, NAVAL CIVILIA<br>IBAI-78 | AN HOUSING COLONY , KAN  | IJURMARG (W), MUME         | BAI-78 F/1, N                 | AVAL CIVILIAN HOU                              | SING COLO        | NY , KAN        | JURMARG (W),        |  |
| City:   | MUMBAI , Taluka: Mum               | bai, District: Mumbai City, Stat   |                            | 00078                         |  |                  |                 |                     |  |
| elep  | ohone no.:                         | Mob  | pile no: 919004557351      |                               | Email  | : alisha.khan    | 616@gm          | nail.com            |  |
| OB  | : Dec 24, 1999                     | Category: Open   |                            | Physically                    | / Handicap: No                                 |                  |                 |                     |  |
|   |                                    | Details: Sem IV(Regular-Rev1   | 16)                        | Exam Even                     | nt: Apr-2019                                   | Seat             | No: 066         | 8677 (Status: Pass) |  |
| xan   | n form appearance type:            | Fresher  |                            |                               |  |                  |                 |                     |  |
| ape   | r 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   | 86001 C                            | Operation Research   |                            |                               |  | Th-U/            | 4 [ ] ;Th-C     | CA[]                |  |
| 2   | 86003 B                            | Brand Management   |                            |                               |  | Th-UA            | 4 [ ] ;Th-C     | CA[]                |  |
| 3 86006 Retail Management                               |                                    |  |                            |                               |  |                  | Th-UA[];Th-CA[] |                     |  |
| 4 86009 International Marketing Th-UA [];Th-CA []       |                                    |  |                            |                               |  |                  |                 | CA[]                |  |
| 5 86012 Media Planning and Management Th-UA [];Th-CA [] |                                    |  |                            |                               |  |                  |                 | CA[]                |  |
| 6   | UBMSFSVI.5 P                       | Project Work   |                            |                               |  | Pw-U             | A [ ] ;Pw-      | CA[]                |  |
| Conv  | ocation Fee                        | Exam Form Late   | Fee                        | Exam Form                     | Super Late Fee                                 | Exar             | nination l      | Fees                |  |
| /lark   | Statement Fee                      | Total:   |                            |                               |  |                  |                 |                     |  |
|   |                                    |  |                            |                               |  |                  |                 |                     |  |
|   |                                    | mount Received:  | Col                        |                               | No. and Date:                                  | ا جا             |                 |                     |  |
| DD N  |                                    | MICR No:   |                            | DD Date:                      |  | Bank             | :               |                     |  |
|   | er Preference (Code/Nai            | · · · · · · · · · · · · · · · · · · ·  |                            |                               |  |                  |                 |                     |  |
|   | e Preference (Code/Nar             | · · · · · · · · · · · · · · · · · · ·  |                            |                               |  |                  |                 |                     |  |
|   | he Controller of Examina           |  |                            |                               |  |                  | Place:          | Vidyavihar          |  |
| requ<br>lects   | uest permission to prese           | ent myself for the ensuing exand<br>de in this application are true,             | nination. I have remitted  | the prescrib<br>the best of n | ed tee tor the same. I                         | hereby<br>lief I | Date:           |                     |  |
| ave   | gone through the syllab            | us and the list of books prescr  | ibed for the examination   | n for which I a               | am appearing. I shall                          | not              |                 |                     |  |
|   |                                    | ession such as change in time  |                            |                               |  |                  |                 |                     |  |
|   | elled or rejected.                 | at in the event of any informati   | ion being found raise of   | incorrect, my                 | y candidature is liable                        | to be            |                 |                     |  |
|   |                                    |  |                            |                               |  |                  | Stu             | dent's Signature    |  |
| This  |                                    | D/Chairperson  zed by the College staff and by ctification of the information. H |                            |                               |  |                  |                 |                     |  |
|   |                                    | cording to university rules.   |                            |                               | <u>.                                      </u> | ·<br>            |                 | <u> </u>            |  |
| Place   | e:                                 |  |                            |                               |  |                  |                 |                     |  |
| )ata  |                                    |  |                            |                               |  |                  |                 |                     |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:

'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



|   | PRN:   | Eligibility S                         | Status:         | 095174   | II INO         | Division/Section:     | Roll No              | .:                | ~              |  |
|---|--|---------------------------------------|-----------------|--|----------------|-----------------------|----------------------|-------------------|----------------|--|
| :   | 2017016401264447   | Eligible                              | le              |  | III            | В 1                   |                      |                   | æ              |  |
| Instru                                      | uction Medium:   |                                       |                 |  |                | Nationality:          | India                |                   |                |  |
|   |  |                                       |                 | Student's Perso                                      | onal Informati | on                    |                      |                   |                |  |
| Stud  | ent's Name: PATEL.   | AMI ARVIND                            |                 |  |                | Mother's Name: NA     | AYANA                | G                 | Gender: Female |  |
| Nam   | e in Vernacular Langua   | ge:पटेल अमी अरविं                     | द               |  |                |                       |                      |                   |                |  |
| Addr  | ess: Sector A/97, Balaji   | Nagar, Parksite, V                    | /ikhroli (W), M | /lumbai-400079                                       |                |                       |                      |                   |                |  |
| City:                                       | MUMBAI, Taluka: Kurla  | ı, District: Mumbai 🤄                 | Suburban, Sta   | ate: Maharashtra, PIN                                | : 400079       |                       |                      |                   |                |  |
| Telep                                       | ohone no.:   |                                       | Mobil           | e no: 919769301032                                   |                | Emai                  | l : amipatel18       | .ap@gma           | ail.com        |  |
| DOB   | : Jul 17, 1998   | Category:                             | : Open          |  | Physically     | Handicap: No          |                      |                   |                |  |
| Previ                                       | ious Latest Examination  | Details: Sem IV(R                     | Regular-Rev16   | Exam Event: Apr-2019 Seat No: 0668746 (Status: Pass) |                |                       |                      |                   |                |  |
| Exan  | n form appearance type   | : Fresher                             |                 |  |                |                       |                      |                   |                |  |
| Pape  | er Details: Pleas  | se select Paper det                   | tails which yo  | u want to appear ( UA                                | - University A | Assessment,CA - Co    | lege Assessn         | nent)             |                |  |
| SN  | Paper Code   |                                       |                 | Paper Name   |                |                       |                      |                   | AM - AT        |  |
| 1   | 86001  | Operation Research                    | h               |  |                |                       | Th-U                 | 4 [ ] ;Th-C       | CA []          |  |
| 2   | 86004 I  | HRM in Global Pers                    | spective        |  |                |                       | Th-UA [];Th-CA []    |                   |                |  |
| 3   | 86010 I  | HRM in Service Sec                    | ctor Manager    | ment   |                |                       | Th-U                 | Th-UA [];Th-CA [] |                |  |
| 4 86016 Human Resource Accounting and Audit |  |                                       |                 |  |                | Th-U                  | Th-UA [ ] ;Th-CA [ ] |                   |                |  |
| 5   | 5 86019 Indian Ethos in Management T   |                                       |                 |  |                |                       | Th-U                 | 4 [ ] ;Th-0       | CA []          |  |
| 6 UBMSFSVI.5 Project Work Pw-t              |  |                                       |                 |  |                | Pw-U                  | A [ ] ;Pw-           | -CA[]             |                |  |
| Conv  | ocation Fee  | Exam                                  | n Form Late F   | ee   | Exam Form      | Super Late Fee        | Exar                 | mination          | Fees           |  |
| Mark  | Statement Fee  | Total:                                | •<br>•          |  |                |                       |                      |                   |                |  |
| _   |  |                                       |                 | ١,   |                |                       |                      |                   |                |  |
| _   |  | mount Received:                       |                 | Col  |                | No. and Date:         | ۱۵.                  |                   |                |  |
| DD N  |  | MICR                                  | R No:           |  | DD Date:       |                       | Bank                 | :                 |                |  |
|   | er Preference (Code/Na   | · · · · · · · · · · · · · · · · · · · |                 |  |                |                       |                      |                   |                |  |
| _   | e Preference (Code/Na  | ,                                     |                 |  |                |                       |                      |                   |                |  |
|   | he Controller of Examir  | •                                     |                 |  |                |                       |                      | Place:            | Vidyavihar     |  |
| decla                                       | uest permission to presone<br>are that all statement ma<br>gone through the syllat     | ade in this application               | ion are true, c | omplete and correct to                               | the best of n  | ny knowledge and be   | elief. I             | Date:             |                |  |
| reque<br>other                              | est for any special conc<br>ground. I understand the                                   | ession such as cha                    | ange in time o  | r day fixed for universi                             | ty Examination | n etc. on religious o | any                  |                   |                |  |
| cancelled or rejected. Student's Signat     |  |                                       |                 |  |                |                       | udent's Signature    |                   |                |  |
| Declaration by Principal/HOD/Chairperson    |  |                                       |                 |  |                |                       |                      |                   |                |  |
| respo                                       | form is carefully scrutin<br>onsibility of fulfillment/re<br>se/term work (if any) acc | ctification of the inf                | formation. He   |  |                |                       |                      |                   |                |  |
| 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|       | PRN:                         | Eligibility Status:  | Examination for<br>095175 | m No.:           | Division/Section:    | Roll No        | ).:        | 384                        |
|-------|------------------------------|--|---------------------------|------------------|----------------------|----------------|------------|----------------------------|
|       | 2017016401264455             | Eligible   |                           |                  | Α                    | 51             |            |                            |
| Instr | uction Medium:               |  |                           |                  | Nationality:         | India          |            |                            |
|       |                              |  | Student's Pers            | sonal Informati  | on                   |                |            |                            |
| Stud  | lent's Name: SHAH I          | NISHI VIPUL  |                           |                  | Mother's Name: SU    | JPRIYA         | (          | Gender: Female             |
| Nam   | ne in Vernacular Langua      | ige:નિશી   |                           |                  |                      |                |            |                            |
| Addr  | ess: 14 rajumansion va       | ıllabaugh ext lane ghatkopar ea  | st                        |                  |                      |                |            |                            |
| City: | Mumbai, Taluka: Mum          | bai, District: Mumbai City, State  | : Maharashtra, PIN: 40    | 00075            |                      |                |            |                            |
| Tele  | phone no.:                   | Moh  | oile no: 918767715501     |                  | Email                | l : shahnishi2 | .060@gn    | nail.com                   |
| DOB   | 3: Jun 26, 1999              | Category: Open   |                           | Physically       | Handicap: No         |                |            |                            |
| Prev  | ious Latest Examination      | n Details: Sem IV(Regular-Rev  | 16)                       | Exam Even        | t: Apr-2019          | Sea            | t No: 066  | 68699 (Status: Pass)       |
| Exar  | m form appearance type       | e: Fresher   |                           |                  |                      |                |            |                            |
| Pape  | er Details: Plea             | ase select Paper details which y   | ou want to appear ( UA    | A - University A | ssessment,CA - Col   | lege Assessr   | ment)      |                            |
| SN    | Paper Code                   |  | Paper Name                | )                |                      |                |            | AM - AT                    |
| 1     | 86001                        | Operation Research   |                           |                  |                      |                | A [ ] ;Th- | CA[]                       |
| 2     | 86003                        | Brand Management   |                           |                  |                      | Th-U           | A [ ] ;Th- | CA[]                       |
| 3     | 86006                        | Retail Management  |                           |                  |                      | Th-U           | A [ ] ;Th- | CA[]                       |
| 4     | 86009                        | International Marketing  |                           |                  |                      | Th-U           | A [ ] ;Th- | CA[]                       |
| 5     | 86012                        | Media Planning and Manageme  | ent                       |                  |                      | Th-U           | A [ ] ;Th- | CA[]                       |
| 6     | UBMSFSVI.5                   | Project Work   |                           |                  |                      | Pw-U           | JA [ ] ;Pw | /-CA [ ]                   |
| Conv  | vocation Fee                 | Exam Form Late   | Fee                       | Exam Form        | Super Late Fee       | Exa            | mination   | Fees                       |
| Mark  | Statement Fee                | Total:   |                           |                  |                      |                |            |                            |
| Pavr  | ment Details:                | Amount Received:   | Cc                        | ollege Receipt I | No and Date:         |                |            |                            |
| DD N  |                              | MICR No:   |                           | DD Date:         | vo. and Date.        | Bank           | ···        |                            |
|       | ter Preference (Code/Na      |  |                           | DD Date.         |                      |                | ·-         |                            |
|       | ue Preference (Code/Na       | · · · · · · · · · · · · · · · · · · ·  |                           |                  |                      |                |            |                            |
|       | The Controller of Exami      | · · · · · · · · · · · · · · · · · · ·  |                           |                  |                      |                | Place:     | Vidyavihar                 |
|       |                              | ent myself for the ensuing exar  | nination. I have remitte  | ed the prescribe | ed fee for the same. | I hereby       | li idec.   | Viayaviilai                |
| decla | are that all statement m     | ade in this application are true,  | complete and correct t    | to the best of m | ny knowledge and be  | elief. I       | Date:      |                            |
|       |                              | bus and the list of books prescr<br>cession such as change in time                                 |                           |                  |                      |                |            |                            |
| othe  | r ground. I understand t     | that in the event of any informat  |                           |                  |                      |                |            |                            |
| canc  | celled or rejected.          |  |                           |                  |                      |                | St         | udent's Signature          |
| Decl  | aration by Principal/HO      | D/Chairperson  |                           |                  |                      |                |            |                            |
| resp  | onsibility of fulfillment/re | nized by the College staff and be ectification of the information. He cording to university rules. |                           |                  |                      |                |            |                            |
| Plac  | e:                           |  |                           |                  |                      |                |            |                            |
| Date  | :                            |  | College S                 | Staff Signature  |                      |                | and Sign   | nature of<br>D/Chairperson |



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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|--------|---|------------------|----------------------|-----------------------------|----------------------|------------------------|--|---------------------|---|--|
|        | PRN:  | Eligi            | ibility Status:      | Examination 09517           | 76                   | Division/Section:      | Roll No  | ).:                 | RX                                      |  |
| 2      | 2017016401264463  |                  | Eligible             |                             | .IIIIII              | В                      | 104  | •                   | Buti                                    |  |
| nstrı  | uction Medium:  | ·                |                      |                             |                      | Nationality:           | India  |                     |   |  |
|        |   |                  |                      | Student's P                 | Personal Informati   | ion                    |  |                     |   |  |
| Stude  | ent's Name: MISHR                                       | RA AARTI LAL     | LAN .                |                             |                      | Mother's Name: SA      | ARBANI   | (                   | Gender: Female                          |  |
| Name   | e in Vernacular Langua                                  | age:मिश्रा आर    | ती ललन               |                             |                      |                        |  |                     |   |  |
| Addr   | ess: 264 1/2 Shivdarsh                                  | nan Society, S   | Shivaji Nagar, Park  | site Vikhroli(W), Mu        | mbai-79              |                        |  |                     |   |  |
|        | Mumbai Suburban, Ta                                     | aluka: Kurla, Γ  | District: Mumbai Su  | burban, State: Maha         | arashtra, PIN: 40    | 0079                   |  |                     |   |  |
| Teler  | phone no.:  |                  | Mot                  | oile no: 9182912274         | 40                   | Emai                   | il : aartimishra                                   | <sub>1</sub> 797@gr | mail.com                                |  |
|        | : Sep 08, 1999  |                  | tegory: Open         |                             | Physically           | ly Handicap: No        |  |                     |   |  |
| Previ  | ious Latest Examinatio                                  | on Details: Se   | m IV(Regular-Rev     | 16)                         | Exam Even            | ıt: Apr-2019           | Seat   | t No: 066           | 68740 (Status: Pass)                    |  |
|        | n form appearance type                                  |                  |                      |                             |                      |                        |  |                     |   |  |
| Pape   | er Details: Plea  | ase select Pa    | per details which y  | ou want to appear (         | UA - University F    | Assessment,CA - Co     | Ilege Assessn                                      | nent)               |   |  |
| SN     | Paper Code  |                  |                      | Paper Na                    | Paper Name           |                        |  |                     | AM - AT                                 |  |
| 1      | 86001   | Operation Re     | esearch              |                             |                      |                        |  | A [ ] ;Th-          | ·CA[]                                   |  |
| 2      | 86004   | HRM in Glob      | oal Perspective      |                             |                      |                        | Th-U/  | A [ ] ;Th-          | ·CA[]                                   |  |
| 3      | 86010   | +                | vice Sector Manage   |                             |                      |                        |  | h-UA [ ] ;Th-CA [ ] |   |  |
| 4      | 86016   | Human Reso       | ource Accounting a   | nd Audit                    | Audit                |                        |  | Th-UA [];Th-CA []   |   |  |
| 5      | 86019   | Indian Ethos     | in Management        |                             |                      |                        |  | A [ ] ;Th-          |   |  |
| 6      | UBMSFSVI.5  | Project Work     | (                    |                             |                      |                        | Pw-U   | JA [ ] ;Pw          | v-CA [ ]                                |  |
| Conv   | ocation Fee   |                  | Exam Form Late       | Fee                         | Exam Form            | Super Late Fee         | Exar   | mination            | Fees                                    |  |
| Mark   | Statement Fee   |                  | Total:               |                             |                      |                        |  |                     |   |  |
| Pavn   | nent Details:   | Amount Rece      | ived.                |                             | College Receipt      | No and Date:           |  |                     |   |  |
| DD N   |   | Alliount 1.000   | MICR No:             |                             | DD Date:             | No. and Date.          | Bank   | ·                   |   |  |
|        | er Preference (Code/N                                   | <br>Vame):       | IVII OT CTC.         |                             |                      |                        |  | -                   |   |  |
|        | ue Preference (Code/N                                   |                  |                      |                             |                      |                        |  |                     |   |  |
|        | The Controller of Exami                                 |                  |                      |                             |                      |                        |  | Place:              | Vidyavihar                              |  |
| l requ | uest permission to pres                                 | sent myself fc   | or the ensuing exar  | nination. I have rem        | itted the prescribe  | ed fee for the same.   | I hereby   | L                   | • |  |
| decla  | are that all statement me gone through the sylla        | made in this ap  | pplication are true, | complete and correct        | ect to the best of m | ny knowledge and be    | elief. I   | Date:               |   |  |
| reque  | est for any special cond                                | ncession such    | as change in time    | or day fixed for university | ersity Examination   | on etc. on religious o | r any  |                     |   |  |
| other  | r ground. I understand                                  |                  |                      |                             |                      |                        |  |                     |   |  |
| сапь.  | elled or rejected.                                      |                  |                      |                             |                      |                        |  | St                  | tudent's Signature                      |  |
| Decla  | aration by Principal/HC                                 | OD/Chairpers     | on                   |                             |                      |                        |  |                     |   |  |
| This   | form is carefully scruting                              | inized by the C  | College staff and by | y me. The information       | on printed in the f  | orm is correct to the  | best of my kn                                      | owledge             | e. I also undertake the                 |  |
| respo  | onsibility of fulfillment/r<br>se/term work (if any) ac | rectification of | f the information. H | e/she is regular stud       | dent of this Collect | je and has complete    | d the required                                     | d attenda           | ance and practical                      |  |
| Cours  | 3e/terrii work (ii ariy) a                              | CCOlumy to un    | ilversity rules.     |                             |                      |                        |  |                     |   |  |
| Place  | ۵۰  |                  |                      |                             |                      | ļ                      |  |                     |   |  |
|        |   |                  |                      | _                           |                      | ļ                      |  |                     |   |  |
| Date:  |   |                  |                      |                             |                      |                        |  |                     |   |  |
| Jaic.  | •   |                  |                      | College Staff Signature     |                      | Seal                   | and Sigr   | nature of           |   |  |
|        |   |                  |                      | College Stall Signature     |                      |                        | Seal and Signature of<br>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.

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

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| PRN: Eligibility Status: |  |                  |                      | Examination fo<br>095177 |                    | Division/Section:     | Roll No         | ).:               | P. H. melits               |  |
|--------------------------|--|------------------|----------------------|--------------------------|--------------------|-----------------------|-----------------|-------------------|----------------------------|--|
| :                        | 2017016401264471                                     |                  | Eligible             |                          |                    | Α                     | 39              |                   | B. H.                      |  |
| nstrı                    | uction Medium:                                       |                  |                      |                          |                    | Nationality:          | India           |                   | ,                          |  |
|                          |  |                  |                      | Student's Pe             | rsonal Informati   | on                    |                 |                   |                            |  |
| Stude                    | ent's Name: RIA HI                                   | ITEN MEHTA       |                      |                          |                    | Mother's Name: SI     | HETAL           |                   | Gender: Female             |  |
| Nam                      | e in Vernacular Langua                               | age:रिया हितें   | मेहता                |                          |                    |                       |                 |                   |                            |  |
| Addr                     | ess: 9 KONARK CHAN                                   | NDRALOK JE       | THABHAI LANE, (      | HATKOPAR EAST            |                    |                       |                 |                   |                            |  |
| City:                    | MUMBAI, Taluka: Kurl                                 | la, District: Mi | umbai Suburban, S    | state: Maharashtra, Pl   | IN: 400077         |                       |                 |                   |                            |  |
| Teler                    | phone no.: 25010397                                  |                  | Mot                  | oile no: 919920771114    | 4                  | Emai                  | il : riamehta9@ | @gmail.c          | com                        |  |
|                          | 3: May 27, 1999                                      |                  | tegory: Open         |                          | Physically         | Handicap: No          |                 |                   |                            |  |
| Previ                    | ious Latest Examinatio                               | on Details: Ser  | m IV(Regular-Rev     | 16)                      | Exam Even          | t: Apr-2019           | Seat            | t No: 066         | 68687 (Status: Pass)       |  |
| Exan                     | m form appearance type                               | e: Fresher       |                      |                          |                    |                       |                 |                   |                            |  |
| Pape                     | er Details: Plea                                     | ase select Pa    | per details which y  | ou want to appear ( U    | JA - University A  | Assessment,CA - Co    | llege Assessr   | nent)             |                            |  |
| SN                       | Paper Code   |                  |                      | Paper Name               |                    |                       |                 |                   | AM - AT                    |  |
| 1                        | 86001  | Operation Re     | esearch              |                          |                    |                       |                 |                   | -CA[]                      |  |
| 2                        | 86003  | Brand Manag      | gement               |                          | -                  |                       |                 |                   | -CA[]                      |  |
| 3                        | 86006  | Retail Manag     | gement               |                          |                    |                       | Th-U            | Th-UA [];Th-CA [] |                            |  |
| 4                        | 86009  | International    | Marketing            |                          |                    |                       |                 | A [ ] ;Th-        | -CA[]                      |  |
| 5                        | 86012  | Media Plann      | ning and Manageme    | ent                      |                    |                       | Th-U            | A [ ] ;Th-        | -CA[]                      |  |
| 6                        | UBMSFSVI.5   | Project Work     | <                    |                          |                    |                       | Pw-U            | JA [ ] ;Pw        | v-CA []                    |  |
| Conv                     | vocation Fee   |                  | Exam Form Late       | Fee                      | Exam Form          | Super Late Fee        | Exa             | mination          | ı Fees                     |  |
| Mark                     | Statement Fee  |                  | Total:               |                          |                    |                       |                 |                   |                            |  |
|                          |  | Amount Door      |                      |                          | Callage Descipt    | No. and Date:         |                 |                   |                            |  |
| DD N                     |  | Amount Recei     | MICR No:             |                          | DD Date:           | No. and Date.         | Bank            |                   |                            |  |
|                          | no:<br>ter Preference (Code/N                        | ·lama\:          | MICK NO.             |                          | DD Date.           |                       | Ddiik           |                   |                            |  |
|                          | ue Preference (Code/N                                |                  |                      |                          |                    |                       |                 |                   |                            |  |
|                          | The Controller of Exami                              | ,                |                      |                          |                    |                       |                 | TDIago            | V (1 db db                 |  |
|                          | uest permission to pres                              |                  | or the ensuing exar  | nination. I have remitt  | ted the prescribe  | ed fee for the same   | I herehy        | Place:            | Vidyavihar                 |  |
| decla                    | are that all statement m                             | made in this ap  | pplication are true, | complete and correct     | t to the best of m | ny knowledge and be   | elief. I        | Date:             |                            |  |
|                          | e gone through the sylla<br>est for any special cond |                  |                      |                          |                    |                       |                 | $\vdash$          |                            |  |
| other                    | r ground. I understand                               |                  |                      |                          |                    |                       |                 |                   |                            |  |
| canc                     | elled or rejected.                                   |                  | -                    | · ·                      |                    |                       |                 | <sub>St</sub>     | tudent's Signature         |  |
| اعدا:                    | aration by Principal/HC                              | OD/Chairners     |                      |                          |                    |                       |                 | <u> </u>          | udent's Signature          |  |
|                          | form is carefully scruting                           | -                |                      | ·· mo. The information   | nrinted in the f   | arm is correct to the | boot of my kn   | - auladae         | a Lalas undartaka tha      |  |
| respo                    | onsibility of fulfillment/r                          | rectification of | f the information. H |                          |                    |                       |                 |                   |                            |  |
| cours                    | se/term work (if any) a                              | ccording to ur   | niversity rules.     | -                        |                    |                       | •               |                   | •                          |  |
|                          |  |                  |                      |                          |                    |                       |                 |                   |                            |  |
| Place                    | <b>ə</b> :   |                  |                      |                          |                    | ļ                     | l               |                   |                            |  |
|                          |  |                  |                      |                          |                    | ļ                     | l               |                   |                            |  |
| Date:                    |  |                  |                      | College Stoff Signature  |                    | Soal                  | 4 Ciar          |                   |                            |  |
|                          |  |                  |                      | College Staff Signature  |                    |                       |                 |                   | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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| PRN: Eligibility Status: |   |                  |                       | Examination 09517       |                   | Division/Section:  | Roll No  | ).:                  | TONE                 |  |
|--------------------------|---|------------------|-----------------------|-------------------------|-------------------|--------------------|--|----------------------|----------------------|--|
|                          | 2017016401264486  |                  | Eligible              |                         | -                 | Α                  | 20   |                      | JENIL.               |  |
| Instru                   | uction Medium:  |                  |                       |                         |                   | Nationality:       | India  |                      |                      |  |
|                          |   |                  |                       | Student's P             | ersonal Informati | on                 |  |                      |                      |  |
| Stud                     | ent's Name: <b>JENIL</b>  | ATUL GOSRA       | ANI                   |                         |                   | Mother's Name: PA  | ARUL   | (                    | Gender: Male         |  |
| Nam                      | e in Vernacular Langua  | ıge:જેનીલ અત્    | <del>ુ</del> લ ગૉરાણી |                         |                   |                    |  | •                    |                      |  |
| Addr                     | ess: 603 Atri Tower, Sa   | apatarshi park   | Opp Swapna Na         | gri Mulund West - 4     | 100080            |                    |  |                      |                      |  |
| City:                    | Mulund , Taluka: Mum  | bai, District: M | /lumbai City, State   | : Maharashtra, PIN:     | 400080            |                    |  |                      |                      |  |
| Tele                     | phone no.: 21644704   |                  | Mob                   | ile no: 9170451881      | 98                | Emai               | l : jenilgosran                                    | i19@gm               | nail.com             |  |
| DOB                      | : Aug 25, 1999  | Cat              | egory: Open           |                         | Physically        | Handicap: No       |  |                      |                      |  |
| Prev                     | ious Latest Examinatio  | n Details: Ser   | n IV(Regular-Rev      | 16)                     | Exam Even         | t: Apr-2019        | Sea  | t No: 066            | 68668 (Status: Pass) |  |
| Exan                     | n form appearance type  | e: Fresher       |                       |                         |                   |                    |  |                      |                      |  |
| Pape                     | er Details: Plea  | se select Par    | per details which y   | ou want to appear (     | UA - University A | Assessment,CA - Co | llege Assessr                                      | ment)                |                      |  |
| SN                       | Paper Code  |                  |                       | Paper Name              |                   |                    |  |                      | AM - AT              |  |
| 1                        | 86001   | Operation Re     | search                |                         |                   |                    | Th-U   | A [ ] ;Th-           | CA[]                 |  |
| 2                        | 86003   | Brand Manag      | jement                |                         |                   |                    | Th-U   | A [ ] ;Th-           | CA[]                 |  |
| 3                        | 86006   | Retail Manag     | ement                 | •                       |                   |                    | Th-U   | Th-UA [ ] ;Th-CA [ ] |                      |  |
| 4                        | 86009   | International    | Marketing             |                         |                   |                    |  | Th-UA [];Th-CA []    |                      |  |
| 5                        | 86012   | Media Planni     | ng and Managem        | ent                     |                   |                    | Th-U   | A [ ] ;Th-           | CA[]                 |  |
| 6                        | UBMSFSVI.5  | Project Work     |                       |                         |                   |                    | Pw-U   | JA [ ] ;Pw           | /-CA[]               |  |
| Conv                     | ocation Fee   |                  | Exam Form Late        | Fee                     | Exam Form         | Super Late Fee     | Exa  | mination             | Fees                 |  |
| Mark                     | Statement Fee   |                  | Total:                |                         |                   |                    |  |                      |                      |  |
|                          |   |                  |                       |                         | 0 "               | N 15 :             |  |                      |                      |  |
|                          |   | Amount Recei     |                       |                         | College Receipt   | No. and Date:      | D1   |                      |                      |  |
| DD N                     |   |                  | MICR No:              |                         | DD Date:          |                    | Bank   | C:                   |                      |  |
|                          | er Preference (Code/N   | · ·              |                       |                         |                   |                    |  |                      |                      |  |
|                          | ue Preference (Code/Na  |                  |                       |                         |                   |                    |  | T                    |                      |  |
|                          | The Controller of Exami   |                  |                       |                         |                   | - d f f db         | l la au ala  | Place:               | Vidyavihar           |  |
|                          | uest permission to pres<br>are that all statement m   |                  |                       |                         |                   |                    |  | Date:                |                      |  |
|                          | gone through the sylla  |                  |                       |                         |                   |                    |  |                      |                      |  |
|                          | est for any special cond<br>r ground. I understand t  |                  |                       |                         |                   |                    |  |                      |                      |  |
|                          | elled or rejected.  |                  | ,                     | <b>3</b>                | , <b>,</b>        |                    |  |                      | da.atla Cianatama    |  |
| Daal                     | aration by Dringing I/LIC   | D/Oh eirm erree  |                       |                         |                   |                    |  | St                   | udent's Signature    |  |
|                          | eclaration by Principal/HOD/Chairperson  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 |                  |                       |                         |                   |                    |  |                      |                      |  |
|                          | onsibility of fulfillment/r   |                  |                       |                         |                   |                    |  |                      |                      |  |
| cour                     | se/term work (if any) ac  | cording to un    | iversity rules.       | -                       |                   |                    | ·  |                      | ·                    |  |
|                          |   |                  |                       |                         |                   |                    |  |                      |                      |  |
| Place                    | e:  |                  |                       |                         |                   |                    |  |                      |                      |  |
|                          |   |                  |                       |                         |                   |                    |  |                      |                      |  |
| Date                     | :   |                  |                       | 0.11                    | 01-1101-11        |                    | 01   | 1 0'                 |                      |  |
|                          |   |                  |                       | College Staff Signature |                   |                    | Seal and Signature of<br>Principal/HOD/Chairperson |                      |                      |  |



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status:   |   |                 |                       | Examination form 095179  | 1 No.:             | Division/Section:    | Roll No          | u:              | no Garan.                               |  |
|----------------------------|---|-----------------|-----------------------|--------------------------|--------------------|----------------------|------------------|-----------------|---|--|
| :                          | 2017016401264494  | Р               | rovisional            |                          |                    | Α                    | 48               |                 | Jagan.                                  |  |
| nstru                      | uction Medium:  |                 | -                     |                          |                    | Nationality:         | India            |                 |   |  |
|                            |   |                 |                       | Student's Perso          | onal Informati     | on                   |                  |                 |   |  |
| Stud                       | ent's Name: RAJGO   | R SRUSHTI       | HEMANT                |                          |                    | Mother's Name: Ti    | RUPTI            | C               | Gender: Female                          |  |
| lam                        | e in Vernacular Langua  | ge:राजगोर सृ    | ष्टि हेमंत            |                          |                    |                      |                  |                 |   |  |
| Addr                       | ess: 604, SATGURU SI  | UPREME , W      | Valji Ladha road, m   | ulund west               |                    |                      |                  |                 |   |  |
| City:                      | mumbai, Taluka: Kurla   | , District: Mu  | mbai Suburban, St     | ate: Maharashtra, PIN:   | 400080             |                      |                  |                 |   |  |
| elep                       | ohone no.: 25641632   |                 | Mob                   | ile no: 919029894849     |                    | Emai                 | l : srushtirajgo | or28@gn         | nail.com                                |  |
|                            | : Aug 28, 1999  |                 | tegory: Open          |                          | Physically         | Handicap: No         |                  |                 |   |  |
| revi                       | ious Latest Examinatior   | n Details: Sei  | m IV(Regular-Rev1     | 6)                       | Exam Even          | t: Apr-2019          | Sea              | t No: 066       | 88697 (Status: Pass)                    |  |
| xan                        | n form appearance type  | : Fresher       |                       |                          |                    |                      |                  |                 |   |  |
| ape                        | er Details: Plea  | se select Pa    | per details which y   | ou want to appear ( UA   | - University A     | Assessment,CA - Co   | llege Assessn    | ge Assessment ) |   |  |
| SN                         | Paper Code  |                 |                       | Paper Name               |                    | AM - AT              |                  |                 |   |  |
| 1 86001 Operation Research |   |                 |                       |                          |                    |                      | Th-U             | A [ ] ;Th-0     | CA[]                                    |  |
| 2 86003 Brand Management   |   |                 |                       |                          | Th-UA [] ;Th-CA [] |                      |                  |                 | • |  |
| 3 86006 Retail Management  |   |                 |                       |                          |                    |                      |                  | A [ ] ;Th-0     |   |  |
| 4                          |   | International   | Marketing             |                          |                    |                      | Th-U             | A [ ] ;Th-(     | CA[]                                    |  |
| 5                          |   | Media Plann     | ing and Manageme      | ent                      |                    |                      |                  | A [ ] ;Th-0     |   |  |
| 6                          |   | Project Work    |                       |                          | <u> </u>           |                      | Pw-U             | A [ ] ;Pw       | -CA []                                  |  |
|                            | ocation Fee   |                 | Exam Form Late I      | Fee                      | Exam Form          | Super Late Fee       | Exa              | mination        | Fees                                    |  |
| /lark                      | Statement Fee   |                 | Total:                |                          |                    |                      |                  |                 |   |  |
| Pavn                       | nent Details:   | mount Rece      | ived:                 | Col                      | lege Receipt       | No. and Date:        |                  |                 |   |  |
| DD N                       |   |                 | MICR No:              |                          | DD Date:           | rto. una Bato.       | Bank             | <del></del>     |   |  |
|                            | er Preference (Code/Na  | ame):           | 1                     |                          |                    |                      |                  | •               |   |  |
| /enu                       | ie Preference (Code/Na  | ame):           |                       |                          |                    |                      |                  |                 |   |  |
| o, T                       | he Controller of Examin   | nation,         |                       |                          |                    |                      |                  | Place:          | Vidyavihar                              |  |
|                            | uest permission to preserve that all statement ma   |                 |                       |                          |                    |                      |                  | Date:           |   |  |
| ave                        | gone through the syllal   | bus and the l   | list of books prescri | ibed for the examinatior | n for which I a    | m appearing. I shall | not              |                 |   |  |
|                            | est for any special conc  |                 |                       |                          |                    |                      |                  |                 |   |  |
|                            | ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be elled or rejected. |                 |                       |                          |                    |                      |                  |                 |   |  |
|                            |   |                 |                       |                          |                    |                      |                  | Stı             | udent's Signature                       |  |
|                            | aration by Principal/HO   |                 |                       |                          |                    |                      |                  |                 |   |  |
| esp                        | form is carefully scrutin<br>onsibility of fulfillment/re<br>se/term work (if any) ac   | ectification of | f 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Examination form No.:



|       | PRN:  | Eligi           | bility Status:       | 095180  | INO                        | Division/Section:     | Roll No                   | ).:        | Sollies.             |  |
|-------|---|-----------------|----------------------|---|----------------------------|-----------------------|---------------------------|------------|----------------------|--|
| :     | 2017016401264513  |                 | Eligible             |   |                            | Α                     | 11                        |            | Edding.              |  |
| nstru | uction Medium:  | •               |                      |   |                            | Nationality:          | India                     |            |                      |  |
|       |   |                 |                      | Student's Perso                                   | nal Informati              | on                    |                           |            |                      |  |
| Stud  | ent's Name: <b>DEDH</b>   | IA RIDDHI KA    | LPESH                |   |                            | Mother's Name: Ja     | ASMINA                    |            | Gender: Female       |  |
| Nam   | e in Vernacular Langu   | age:RIDDHI      |                      |   |                            |                       |                           |            |                      |  |
| Addr  | ess: 1302 B WING SA   | ARVODAYA H      | IEIGHTS SARVOD       | AYA NAGAR   |                            |                       |                           |            |                      |  |
| City: | MUMBAI, Taluka: Mu  | mbai, District: | Mumbai City, State   | e: Maharashtra, PIN: 400                          | 0800                       |                       |                           |            |                      |  |
| Telep | ohone no.: 25911795   |                 | Mob                  | ile no: 919920593527                              |                            | Ema                   | il : rdedhia85(           | @gmail.d   | com                  |  |
| OOB   | : Feb 07, 1999  | Cat             | tegory: Open         |   | Physically                 | Handicap: No          |                           |            |                      |  |
| Previ | ious Latest Examination   | on Details: Sei | m IV(Regular-Rev1    | 6)  | Exam Even                  | t: Apr-2019           | Sea                       | t No: 066  | 68660 (Status: Pass) |  |
| Exan  | n form appearance typ   | e: Fresher      |                      |   |                            |                       |                           |            |                      |  |
| Pape  | er Details: Ple   | ase select Pa   | per details which y  | ou want to appear ( UA -                          | - University A             | Assessment,CA - Co    | llege Assessi             | ment)      |                      |  |
| SN    | Paper Code  |                 |                      | Paper Name  |                            |                       |                           | AM - AT    |                      |  |
| 1     | 86001   | Operation Re    | esearch              | Th-   |                            |                       |                           | A [ ] ;Th- | -CA[]                |  |
| 2     | 86003   | Brand Manag     | gement               | Th-   |                            |                       |                           |            | -CA[]                |  |
| 3     | 86006   | Retail Manag    | gement               |   |                            | Th-U                  | A [ ] ;Th-                | -CA[]      |                      |  |
| 4     | 86009   | International   | Marketing            |   |                            | Th-U                  | Th-UA [] ;Th-CA []        |            |                      |  |
| 5     | 86012   | Media Plann     | ing and Manageme     | ent   |                            |                       | Th-U                      | A [ ] ;Th- | -CA[]                |  |
| 6     | UBMSFSVI.5  | Project Work    | (                    |   |                            |                       | Pw-L                      | JA [ ] ;Pw | v-CA []              |  |
| Conv  | ocation Fee   | •               | Exam Form Late       | Fee   | e Exam Form Super Late Fee |                       |                           | mination   | Fees                 |  |
| Mark  | Statement Fee   |                 | Total:               |   |                            |                       |                           |            |                      |  |
|       |   |                 | •                    |   |                            |                       | •                         |            |                      |  |
|       |   | Amount Rece     | 1                    |   | <u> </u>                   | No. and Date:         |                           |            |                      |  |
| N DC  |   |                 | MICR No:             |   | DD Date:                   |                       | Banl                      | <u>(:</u>  |                      |  |
|       | er Preference (Code/N   |                 |                      |   |                            |                       |                           |            |                      |  |
|       | e Preference (Code/N  |                 |                      |   |                            |                       |                           |            |                      |  |
|       | he Controller of Exam   |                 |                      |   |                            |                       |                           | Place:     | Vidyavihar           |  |
|       |   |                 |                      | nination. I have remitted complete and correct to |                            |                       |                           | Date:      |                      |  |
|       |   |                 |                      | ibed for the examination                          |                            |                       |                           |            |                      |  |
|       |   |                 |                      | or day fixed for universit                        |                            |                       |                           |            |                      |  |
|       | elled or rejected.  | that in the eve | ent of any informati | on being found false or i                         | incorrect, my              | candidature is liabi  | e to be                   |            |                      |  |
|       |   |                 |                      |   |                            |                       |                           | St         | udent's Signature    |  |
| Deck  | aration by Principal/HO   | OD/Chairperso   | on                   |   |                            |                       |                           |            |                      |  |
|       | 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 |                 |                      |   |                            |                       |                           |            |                      |  |
|       | onsibility of fulfillment/i<br>se/term work (if any) a  |                 |                      | e/she is regular student                          | of this Collec             | ge and has complete   | ed the require            | d attenda  | ance and practical   |  |
|       | ( a) a  |                 |                      |   |                            |                       | I                         |            |                      |  |
| Place | <del>)</del> :  |                 |                      |   |                            |                       |                           |            |                      |  |
|       |   |                 |                      | _   |                            |                       |                           |            |                      |  |
| Date: |   |                 |                      |   |                            |                       |                           |            |                      |  |
|       | -   |                 |                      | College Staff Signature                           |                            | Seal and Signature of |                           |            |                      |  |
|       |   |                 |                      | Sollogo Stall Signatars                           |                            |                       | Principal/HOD/Chairperson |            |                      |  |



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

 $\label{policy equation for Examination of Summer Session 2020 event.}$ 

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

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| PRN: Eligibility Status: Examination form No.: Division/Section: F   |  |  | Examination form 095181  | m No.:               | Roll No.                | .:   | all the second  |                   |  |  |
|--|--|--|--------------------------|----------------------|-------------------------|--|-----------------|-------------------|--|--|
| 2  | 2017016401264521   | Eligible   |                          |                      | С                       | 165  |                 |                   |  |  |
| Instru   | uction Medium:   |  |                          |                      | Nationality:            | India  |                 |                   |  |  |
|  |  |  | Student's Pers           | sonal Information    | on .                    |  |                 |                   |  |  |
| Stude  | ent's Name: TANVI S  | SURENDRA GALA  |                          |                      | Mother's Name: JIC      | GNA  | (               | Gender: Female    |  |  |
| Name   | e in Vernacular Languag  | je:તન્વી સુરેન્દ્ર GALA  |                          |                      |                         |  |                 |                   |  |  |
|  |  | ASHWANT G.V.S. ROAD NO.2   |                          |                      |                         |  |                 |                   |  |  |
| City:  | MULUND, Taluka: Mum  | nbai, District: Mumbai City, Stat                                  | te: Maharashtra, PIN: 4  | 400081               |                         |  |                 |                   |  |  |
| Telep  | phone no.: 21635884  | Moh  | oile no: 919867164547    |                      | Emai                    | l: tanvi.gala99                                    | 9@gmai          | il.com            |  |  |
|  | : Sep 14, 1999   | Category: Open   |                          | Physically           | Handicap: No            |  |                 |                   |  |  |
| Previ  | ious Latest Examination  | Seat   | : No: 066                | 68601 (Status: Pass) |                         |  |                 |                   |  |  |
| Exam form appearance type: Fresher   |  |  |                          |                      |                         |  |                 |                   |  |  |
| Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Asse |  |  |                          |                      |                         |  |                 |                   |  |  |
| SN   | Paper Code   |  | Paper Name               |                      |                         |  |                 | AM - AT           |  |  |
| 1  |  | Operation Research   |                          | Th-I                 |                         |  |                 | -CA[]             |  |  |
| 2  |  | nternational Finance   |                          |                      |                         |  | A [ ] ;Th-      |                   |  |  |
| 3  |  | Project Management   |                          |                      |                         |  | Th-UA[];Th-CA[] |                   |  |  |
| 4  |  | Strategic Financial Managemer                                      | <u>nt</u>                |                      |                         |  | A [ ] ;Th-      |                   |  |  |
| 5  |  | ndirect Taxes  |                          |                      |                         |  | A [ ] ;Th-      |                   |  |  |
| 6  |  | Project Work   |                          | <del>_</del>         |                         |  | A [ ] ;Pw       |                   |  |  |
| Conv   | ocation Fee  | Exam Form Late   | Fee                      | Exam Form            | Super Late Fee          | Exar   | mination        | Fees              |  |  |
| Mark   | Statement Fee  | Total:   |                          |                      |                         |  |                 |                   |  |  |
| Payn   | nent Details: An   | mount Received:  | Сс                       | ollege Receipt I     | No. and Date:           |  |                 |                   |  |  |
| DD N   |  | MICR No:   | ,                        | DD Date:             |                         | Bank   | :               |                   |  |  |
| Cent   | er Preference (Code/Nar  | me):   |                          |                      |                         |  |                 |                   |  |  |
|  | ue Preference (Code/Nar  | · · · · · · · · · · · · · · · · · · ·                              |                          |                      |                         |  |                 |                   |  |  |
| To, T  | The Controller of Examina  | ation,   |                          |                      |                         |  | Place:          | Vidyavihar        |  |  |
|  |  | ent myself for the ensuing exan                                    |                          |                      |                         |  |                 |                   |  |  |
|  |  | 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 univers | sity Examinatio      | on etc. on religious or | r any  |                 |                   |  |  |
| other  | r ground. I understand the   | nat in the event of any informati                                  |                          |                      |                         |  |                 |                   |  |  |
| cance  | elled or rejected.   |  |                          |                      |                         |  | St              | udent's Signature |  |  |
| Decla  | aration by Principal/HOD   | )/Chairperson  |                          |                      |                         |  |                 |                   |  |  |
| respo  | 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. |  |                          |                      |                         |  |                 |                   |  |  |
| Court  | ——————————————————————————————————————   | ——————————————————————————————————————                             |                          |                      |                         |  |                 |                   |  |  |
| Place  | <b>э</b> :   |  |                          |                      |                         |  |                 |                   |  |  |
| Date:  |  |  |                          |                      |                         |  |                 |                   |  |  |
|  |  |  | College Staff Signature  |                      |                         | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson

'e-Suvidha' account on

| PRN:                       |   | Eligi           | bility Status:       | Examination for<br>095182  | m No.:           | Division/Sect    | ion:           | Roll No.:            | $Q_{\sigma} \cdot \cdot \cdot J$ |  |
|----------------------------|---|-----------------|----------------------|--|------------------|------------------|----------------|----------------------|----------------------------------|--|
|                            | 2017016401264536  |                 | Eligible             |  |                  | Α                |                | 9                    | Painful                          |  |
| nstr                       | uction Medium:  |                 | -                    |  |                  | Nationality:     | India          | l                    |                                  |  |
|                            |   |                 |                      | Student's Pers   | sonal Informati  | on               |                |                      |                                  |  |
| Stud                       | ent's Name: CHOUD   | HARI PRIN       | JAL UTTAM            |  |                  | Mother's Na      | me: VANITA     |                      | Gender: Female                   |  |
| Nam                        | e in Vernacular Langua                                    | ge:चौधरी प्रिं  | जाल UTTAM            |  |                  |                  |                |                      |                                  |  |
| ٩ddr                       | ess: C-1901 LAVENDE                                       | R MAHINDE       | A SPLENDOUR O        | OPP METRO MALL   |                  |                  |                |                      |                                  |  |
| City:                      | MUMBAI, Taluka: Mum                                       | bai, District:  | Mumbai City, State   | e: Maharashtra, PIN: 4   | 00078            |                  |                |                      |                                  |  |
| Tele                       | phone no.: 25952464                                       |                 | Mob                  | ile no: 918828935836   |                  |                  | Email : prin   | al.3@icloud          | .com                             |  |
| DOB                        | : Dec 03, 1999  | Ca              | tegory: Open         |  | Physically       | Handicap: No     | )              |                      |                                  |  |
| ⊃rev                       | ious Latest Examination                                   | n Details: Sei  | m IV(Regular-Rev1    | 6)   | Exam Even        | t: Apr-2019      |                | Seat No:             | 0668658 (Status: Pass)           |  |
| Exar                       | n form appearance type                                    | : Fresher       |                      |  |                  |                  |                |                      |                                  |  |
| Pape                       | er Details: Pleas   | se select Pa    | per details which y  | ou want to appear ( U  | A - University A | Assessment, C    | A - College A  | ssessment            |                                  |  |
| SN Paper Code Paper Name   |   |                 |                      |  |                  |                  |                | AM - AT              |                                  |  |
| 1 86001 Operation Research |   |                 |                      |  |                  |                  | Th-UA [ ] ;    | Th-CA[]              |                                  |  |
| 2 86003 Brand Management   |   |                 |                      |  |                  |                  | Th-UA [];      | Th-CA[]              |                                  |  |
| 3                          | 86006 F   | Retail Manaç    | gement               |  |                  |                  |                | Th-UA [ ] ;Th-CA [ ] |                                  |  |
| 4                          | 86009 I   | International   | Marketing            |  |                  |                  |                | Th-UA [];            | Th-CA[]                          |  |
| 5                          | 86012 N   | Media Plann     | ing and Manageme     | ent  |                  |                  |                | Th-UA [];            | Th-CA[]                          |  |
| 6                          | UBMSFSVI.5  | Project Work    |                      |  |                  |                  |                | Pw-UA[];             | Pw-CA[]                          |  |
| Conv                       | ocation Fee   |                 | Exam Form Late       | Fee  | Exam Form        | Super Late Fe    | ee             | Examinat             | ion Fees                         |  |
| Mark                       | Statement Fee   |                 | Total:               |  |                  |                  |                |                      |                                  |  |
| <b></b>                    |   |                 |                      |  |                  | No. and Date     |                |                      |                                  |  |
|                            |   | mount Rece      |                      |  | ollege Receipt   | No. and Date:    |                | In I                 |                                  |  |
| 0D N                       |   |                 | MICR No:             |  | DD Date:         |                  |                | Bank:                |                                  |  |
|                            | er Preference (Code/Na                                    |                 |                      |  |                  |                  |                |                      |                                  |  |
|                            | ue Preference (Code/Na                                    |                 |                      |  |                  |                  |                |                      |                                  |  |
|                            | The Controller of Examir                                  |                 |                      | de de la companya de la companya de la companya de la companya de la companya de la companya de la companya de | 4.00 20          | and Constitution |                | Plac                 | e: <b>Vidyavihar</b>             |  |
| decla                      | uest permission to prese<br>are that all statement ma     | ade in this ap  | oplication are true, | complete and correct   | to the best of n | ny knowledge     | and belief. I  | Date                 | e:                               |  |
|                            | egone through the syllate<br>est for any special conce    |                 |                      |  |                  |                  |                |                      |                                  |  |
|                            | r ground. I understand th                                 |                 |                      |  |                  |                  |                |                      |                                  |  |
| canc                       | celled or rejected. Student's Signature                   |                 |                      |  |                  |                  |                |                      |                                  |  |
| Dool                       | aration by Principal/HOI                                  | D/Chairners     | n e                  |  |                  |                  |                |                      | Student's Signature              |  |
|                            | •   | •               |                      | me. The information  | nrinted in the f | orm is correct   | to the best of | my knowled           | dge. I also undertake the        |  |
| resp                       | onsibility of fulfillment/re<br>se/term work (if any) acc | ectification of | 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.

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

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Examination form No.:



| PRN: Eligibility Status:                                 |  | 095183          | II NO                   | Division/Section            | : Roll N       | lo.:               | Marine   |                   |                      |  |
|--|--|-----------------|-------------------------|-----------------------------|----------------|--------------------|--|-------------------|----------------------|--|
|  | 2017016401264544                                       |                 | Eligible                |                             | III            | С                  | 184  | 1                 | 100                  |  |
| Instr  | uction Medium:   | •               |                         |                             |                | Nationality:       | India  |                   |                      |  |
|  |  |                 |                         | Student's Person            | onal Informati | on                 |  |                   |                      |  |
| Stud   | ent's Name: MORVI                                      | E MUKUL MA      | NDAN                    |                             |                | Mother's Name      | : INDIRA   | (                 | Gender: Male         |  |
| Nam  | e in Vernacular Langua                                 | age:मोरवे मुकु  | ल मदन                   |                             |                |                    |  |                   |                      |  |
| Addı   | ess: EVEREST GARDI                                     | ENS D WING      | 401 GHATKOPAF           | REAST                       |                |                    |  |                   |                      |  |
| City:  | MUMBAI, Taluka: Kurl                                   | a, District: Mu | ımbai Suburban, S       | tate: Maharashtra, PIN      | : 400075       |                    |  |                   |                      |  |
| Tele   | phone no.:   |                 | Mob                     | ile no: 917039867006        |                | E                  | mail : mukulmo                                     | rve1999@          | gmail.com            |  |
| DOE  | 3: Dec 03, 1999  | Cat             | egory: Reserved (       | SC)                         | Physically     | Handicap: No       |  |                   |                      |  |
|  | ious Latest Examination                                |                 | n IV(Regular-Rev1       | 6)                          | Exam Even      | t: Apr-2019        | Se   | at No: 066        | 68620 (Status: Pass) |  |
|  | n form appearance type                                 | e: Fresher      |                         |                             |                |                    |  |                   |                      |  |
| Pape   | er Details: Plea                                       | se select Pa    | per details which y     | ou want to appear ( UA      | - University A | Assessment,CA -    | College Asses                                      | sment)            |                      |  |
| SN   | Paper Code   |                 |                         | Paper Name                  |                |                    |  | AM - AT           |                      |  |
| 1  | 86001  | Operation Re    | esearch                 |                             |                |                    | Th-  | Th-UA [];Th-CA [] |                      |  |
| 2  | 86002  | International   | Finance                 |                             |                |                    | Th-  | Th-UA [];Th-CA [] |                      |  |
| 3  | 86008  | Project Mana    | gement                  |                             |                |                    | Th-  | Th-UA[];Th-CA[]   |                      |  |
| 4  | 86011  | Strategic Fin   | ancial Managemer        | nt                          |                |                    | Th-  | UA [ ] ;Th-       | ·CA[]                |  |
| 5  | 86017  | Indirect Taxe   | s                       |                             |                |                    | Th-  | UA [ ] ;Th-       | ·CA[]                |  |
| 6 UBMSFSVI.5 Project Work                                |  |                 |                         |                             |                |                    |  | ·UA [ ] ;Pw       | /-CA[]               |  |
| Con  | vocation Fee   |                 | Exam Form Late          | ee Exam Form Super Late Fee |                |                    | Ex   | amination         | Fees                 |  |
| Marl   | Statement Fee  |                 | Total:                  |                             |                |                    |  |                   |                      |  |
| Pavi   | ment Details:  | Amount Recei    | ived:                   | Col                         | leae Receipt   | No. and Date:      |  |                   |                      |  |
| DD I   |  |                 | MICR No:                |                             | DD Date:       |                    | Bai  | nk:               |                      |  |
| Cen  | er Preference (Code/N                                  | ame):           | l                       |                             |                |                    |  |                   |                      |  |
|  | ue Preference (Code/Na                                 |                 |                         |                             |                |                    |  |                   |                      |  |
| To,  | The Controller of Exami                                | nation,         |                         |                             |                |                    |  | Place:            | Vidyavihar           |  |
|  | uest permission to pres                                |                 |                         |                             |                |                    |  |                   | •                    |  |
|  | are that all statement m<br>gone through the sylla     |                 |                         |                             |                |                    |  | Date:             |                      |  |
| requ   | est for any special cond                               | cession such    | as change in time       | or day fixed for universi   | ty Examination | n etc. on religiou | s or any   |                   |                      |  |
|  | r ground. I understand t                               | that in the eve | ent of any informati    | on being found false or     | incorrect, my  | candidature is li  | able to be   |                   |                      |  |
| canc   | elled or rejected.                                     |                 |                         |                             |                |                    |  | St                | udent's Signature    |  |
| Dec  | aration by Principal/HO                                | D/Chairperso    | on                      |                             |                |                    |  |                   |                      |  |
| resp   | form is carefully scrutir onsibility of fulfillment/re | ectification of | the information. H      |                             |                |                    |  |                   |                      |  |
| course/term work (if any) according to university rules. |  |                 |                         |                             |                |                    |  |                   |                      |  |
| Place:   |  |                 |                         |                             |                |                    |  |                   |                      |  |
|  |  |                 |                         | _                           |                |                    |  |                   |                      |  |
| Date   | i:   |                 | College Stoff Signature |                             |                | .l 0'              |  |                   |                      |  |
|  |  |                 |                         | College Staff Signature     |                |                    | Seal and Signature of<br>Principal/HOD/Chairperson |                   |                      |  |



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

 $\label{policy equation for Examination of Summer Session 2020 event.}$ 

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

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|       | PRN:   | Eliç             | gibility Status:     | Examination for 095184  |                             | Division/Section:     | Roll No                   | ).:             |                      |  |
|-------|--|------------------|----------------------|-------------------------|-----------------------------|-----------------------|---------------------------|-----------------|----------------------|--|
|       | 2017016401264552   |                  | Eligible             |                         |                             | В                     | 97                        |                 | Junaidkhan.          |  |
| nstr  | uction Medium:   |                  |                      |                         |                             | Nationality:          | India                     |                 |                      |  |
|       |  |                  |                      | Student's Pe            | rsonal Informati            | on                    | ,                         |                 |                      |  |
| Stud  | ent's Name: <b>KHAN</b>  | MOHAMME          | D JUNAID YUSUF       |                         |                             | Mother's Name: S.     | AJIDA                     | (               | Gender: Male         |  |
| Nam   | e in Vernacular Langu  | lage:खान मोह     | द जुनैद युस्फ        |                         |                             |                       |                           |                 |                      |  |
| ٩ddr  | ess: porbandar wala b  | old B 13 2ND     | FLOOR CHIRAG         | NAGAR                   |                             |                       |                           |                 |                      |  |
| City: | MUMBAI, Taluka: Kur  | rla, District: M | lumbai Suburban, S   | tate: Maharashtra, P    | IN: 400086                  |                       |                           |                 |                      |  |
| Tele  | ohone no.:   |                  | Mot                  | ile no: 91828610466     | 7                           | Ema                   | il : junaidkhar           | ij271@g         | mail.com             |  |
|       | : Mar 28, 2000   |                  | ategory: Open        |                         | Physically                  | Handicap: No          |                           |                 |                      |  |
| Prev  | ious Latest Examinatio   | on Details: Se   | m IV(Regular-Rev     | (6)                     | Exam Even                   | t: Apr-2019           | Sea                       | t No: 066       | 68732 (Status: Pass) |  |
|       | n form appearance typ  | e: Fresher       |                      |                         |                             |                       |                           |                 |                      |  |
| Pape  | er Details: Ple  | ase select Pa    | aper details which y | ou want to appear ( l   | JA - University A           | Assessment,CA - Co    | llege Assessi             | ment)           |                      |  |
| SN    | Paper Code   |                  |                      | Paper Name              |                             |                       |                           |                 | AM - AT              |  |
| 1     | 86001  | Operation F      | lesearch             |                         |                             |                       | Th-U                      | A [ ] ;Th-      | -CA[]                |  |
| 2     | 86004  | HRM in Glo       | bal Perspective      |                         |                             |                       |                           | A [ ] ;Th-      | -CA[]                |  |
| 3     | 86010  | HRM in Ser       | vice Sector Manage   | nent                    |                             |                       | Th-U                      | Th-UA[];Th-CA[] |                      |  |
| 4     | 86016  | Human Res        | source Accounting a  | nd Audit                | d Audit                     |                       |                           | A [ ] ;Th-      |                      |  |
| 5     | 86019  | Indian Etho      | s in Management      |                         |                             |                       | Th-U                      | A [ ] ;Th-      | -CA[]                |  |
| 6     | UBMSFSVI.5   | Project Wor      | k                    |                         | I                           |                       |                           | JA [ ] ;Pw      | v-CA []              |  |
| Conv  | ocation Fee  |                  | Exam Form Late       | Fee                     | ee Exam Form Super Late Fee |                       |                           | mination        | Fees                 |  |
| Mark  | Statement Fee  |                  | Total:               |                         |                             |                       |                           |                 |                      |  |
| Pavr  | nent Details:  | Amount Rec       | eived:               | lo                      | College Receipt             | No. and Date:         |                           |                 |                      |  |
| DD N  |  |                  | MICR No:             |                         | DD Date:                    |                       | Banl                      | <b>C</b> :      |                      |  |
| Cent  | er Preference (Code/N  | Name):           |                      |                         | <b>I</b>                    |                       |                           |                 |                      |  |
| √enι  | ie Preference (Code/N  | lame):           |                      |                         |                             |                       |                           |                 |                      |  |
| Го, 1 | he Controller of Exam  | nination,        |                      |                         |                             |                       |                           | Place:          | Vidyavihar           |  |
|       | uest permission to pres  |                  |                      |                         |                             |                       |                           | I_              |                      |  |
|       | are that all statement n<br>gone through the sylla   |                  |                      |                         |                             |                       |                           | Date:           |                      |  |
|       | est for any special con  |                  |                      |                         |                             |                       |                           |                 |                      |  |
|       | 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    |  |
| Decl  | aration by Principal/HC  | OD/Chairpers     | ion                  |                         |                             |                       |                           |                 |                      |  |
|       | 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 |                  |                      |                         |                             |                       |                           |                 |                      |  |
|       | onsibility of fulfillment/i<br>se/term work (if any) a   |                  |                      | e/she is regular stude  | ent of this Colle           | ge and has complete   | ed the require            | d attenda       | ance and practical   |  |
| cour  | schemi work (ii arry) a  |                  |                      |                         |                             |                       |                           |                 |                      |  |
| Place | e:   |                  |                      |                         |                             |                       |                           |                 |                      |  |
|       |  |                  |                      | _                       |                             |                       |                           |                 |                      |  |
| Date  | :  |                  |                      |                         |                             |                       |                           |                 |                      |  |
|       |  |                  |                      | College Staff Signature |                             | Seal and Signature of |                           |                 |                      |  |
|       |  |                  |                      |                         |                             |                       | Principal/HOD/Chairperson |                 |                      |  |



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



|       | PRN:   | Eligi             | bility Status:      | Examination<br>09518 |                             | Division/Section:   | Roll No         | ı.:               | Madel                      |  |
|-------|--|-------------------|---------------------|----------------------|-----------------------------|---------------------|-----------------|-------------------|----------------------------|--|
|       | 2017016401264575   |                   | Eligible            |                      |                             | С                   | 194             |                   | No.                        |  |
| Instr | uction Medium:   |                   |                     |                      |                             | Nationality:        | India           |                   |                            |  |
|       |  |                   |                     | Student's P          | ersonal Informati           | on                  |                 |                   |                            |  |
| Stud  | ent's Name: PATEL  | . ARPI RAJES      | SH URMILA           |                      |                             | Mother's Name: U    | RMILA           | (                 | Gender: Female             |  |
| Nam   | e in Vernacular Langu  | age:અર્પી         |                     |                      |                             |                     |                 |                   |                            |  |
| Addr  | ess: B/402, Vikram ap  | atment, new n     | naneklal LBS marg   | ı, Ghatkopar West    |                             |                     |                 |                   |                            |  |
| City: | Mumbai, Taluka: Mum  | nbai, District: N | Mumbai City, State  | : Maharashtra, PIN:  | 400086                      |                     |                 |                   |                            |  |
| Tele  | phone no.: 25093454  |                   | Mob                 | ile no: 9195943486   | 03                          | Ema                 | il : viralp6696 | @gmail.           | com                        |  |
| DOB   | : Jun 10, 1999   | Cat               | egory: Open         |                      | Physically                  | Handicap: No        |                 |                   |                            |  |
| Prev  | ious Latest Examination  | n Details: Ser    | m IV(Regular-Rev1   | (6)                  | Exam Even                   | t: Apr-2019         | Sea             | t No: 066         | 68628 (Status: Pass)       |  |
| Exar  | n form appearance typ  | e: Fresher        |                     |                      |                             |                     |                 |                   |                            |  |
| Pape  | er Details: Ple  | ase select Pa     | per details which y | ou want to appear (  | UA - University A           | Assessment,CA - Co  | llege Assessr   | essment)          |                            |  |
| SN    | Paper Code   |                   |                     | Paper Name           |                             |                     |                 |                   | AM - AT                    |  |
| 1     | 86001  | Operation Re      | esearch             |                      |                             |                     |                 | A [ ] ;Th-        | CA[]                       |  |
| 2     | 86002  | International     | Finance             |                      |                             |                     |                 | A [ ] ;Th-        | CA[]                       |  |
| 3     | 86008  | Project Mana      | -                   |                      |                             |                     |                 | Th-UA [];Th-CA [] |                            |  |
| 4     | 86011  |                   | ancial Managemer    |                      |                             |                     |                 | Th-UA [];Th-CA [] |                            |  |
| 5     | 86017  | Indirect Taxe     |                     |                      |                             |                     |                 | A [ ] ;Th-        |                            |  |
| 6     | UBMSFSVI.5   | Project Work      | 1                   |                      | 1=                          |                     |                 | A [ ] ;Pw         |                            |  |
| Con   | ocation Fee  |                   | Exam Form Late      | Fee                  | ee Exam Form Super Late Fee |                     |                 | mination          | Fees                       |  |
| Mark  | Statement Fee  |                   | Total:              |                      |                             |                     |                 |                   |                            |  |
| Payr  | nent Details:  | Amount Recei      | ived:               |                      | College Receipt             | No. and Date:       |                 |                   |                            |  |
| DD N  | No:  |                   | MICR No:            |                      | DD Date:                    |                     | Bank            | ::                |                            |  |
| Cent  | er Preference (Code/N  | lame):            |                     |                      |                             |                     | •               |                   |                            |  |
| Venu  | ue Preference (Code/N  | ame):             |                     |                      |                             |                     |                 |                   |                            |  |
| To, 1 | The Controller of Exam   | ination,          |                     |                      |                             |                     |                 | Place:            | Vidyavihar                 |  |
| decla | uest permission to pres<br>are that all statement n  | nade in this ap   | plication are true, | complete and corre   | ct to the best of n         | ny knowledge and be | elief. I        | Date:             |                            |  |
|       | gone through the sylla<br>est for any special con  |                   |                     |                      |                             |                     |                 |                   |                            |  |
| othe  | r ground. I understand   |                   |                     |                      |                             |                     |                 |                   |                            |  |
| canc  | elled or rejected.   |                   |                     |                      |                             |                     |                 | St                | udent's Signature          |  |
| Decl  | aration by Principal/HC  | DD/Chairperso     | on                  |                      |                             |                     |                 | •                 |                            |  |
| resp  | 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. |                   |                     |                      |                             |                     |                 |                   |                            |  |
| Plac  | e:   |                   |                     |                      |                             |                     |                 |                   |                            |  |
| Date  | :  |                   |                     | College              | e Staff Signature           |                     |                 |                   | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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e-Suvidna account on

Seal and Signature of Principal/HOD/Chairperson



| PRN: Eligibility Status:  |  |                 |                       | Examination form<br>095186 | n No.:   | Division/Section:     | Roll No.       | .:                   | This ?               |  |  |
|---------------------------|--|-----------------|-----------------------|----------------------------|--|-----------------------|----------------|----------------------|----------------------|--|--|
| 2                         | 2017016401264583   |                 | Eligible              |                            | <b>. I II</b>  | Α                     | 2              |                      | CANAS .              |  |  |
| Instru                    | uction Medium:   |                 |                       |                            |  | Nationality:          | India          |                      |                      |  |  |
|                           |  |                 |                       | Student's Perso            | onal Informati   | on                    |                |                      |                      |  |  |
| Stude                     | ent's Name: BHANU  | SHALI NIKU      | JNJ JITENDRA          |                            |  | Mother's Name: JA     | YSHREE         | (                    | Gender: Male         |  |  |
| Name                      | e in Vernacular Langua   | ge: NIKUNJ      |                       |                            |  |                       |                |                      |                      |  |  |
| Addre                     | ess: 353/1 dev kunj, R.E   | B.Mehta Mar     | g 60ft road, Ghatk    | opar (east) mumbai         |  |                       |                |                      |                      |  |  |
| City:                     | mumbai, Taluka: Kurla,   | , District: Mu  | mbai Suburban, St     | ate: Maharashtra, PIN:     | 400077   |                       |                |                      |                      |  |  |
| Telep                     | ohone no.: 25066095  |                 | Mob                   | oile no: 919004526930      |  | Email                 | l : nikubhanu5 | i@gmail              | I.com                |  |  |
| DOB:                      | : Oct 14, 1999   | Car             | tegory: Open          |                            | Physically   | Handicap: No          |                |                      |                      |  |  |
| Previ                     | ious Latest Examination  | า Details: Se   | m IV(Regular-Rev1     | 6)                         | Exam Even  | t: Apr-2019           | Seat           | No: 066              | 68651 (Status: Pass) |  |  |
| Exan                      | n form appearance type   | : Fresher       |                       |                            |  |                       |                |                      |                      |  |  |
| Pape                      | er Details: Pleas  | se select Pa    | per details which y   | ou want to appear ( UA     | u want to appear ( UA - University Assessment, CA - College As |                       |                |                      | sessment)            |  |  |
| SN                        | Paper Code   |                 |                       | Paper Name                 |  |                       |                |                      | AM - AT              |  |  |
| 1                         | 86001  | Operation Re    | esearch               |                            |  |                       | Th-UA          | A [ ] ;Th-           | -CA[]                |  |  |
| 2                         | 86003 E  | Brand Manag     | gement                |                            |  | Th-UA                 | A [ ] ;Th-     | -CA[]                |                      |  |  |
| 3 86006 Retail Management |  |                 |                       |                            |  |                       | Th-UA          | A [ ] ;Th-           | -CA[]                |  |  |
| 4                         | 86009 I  | International   | Marketing             |                            |  |                       |                | Th-UA [ ] ;Th-CA [ ] |                      |  |  |
| 5                         | 86012  | Media Plann     | ning and Manageme     | ent                        |  |                       | Th-UA          | A [ ] ;Th-           | -CA[]                |  |  |
| 6                         | UBMSFSVI.5   | Project Work    | (                     |                            |  |                       | Pw-U           | A [ ] ;Pw            | v-CA []              |  |  |
| Conv                      | ocation Fee  |                 | Exam Form Late I      | Fee                        | Exam Form  | Super Late Fee        | Exan           | mination             | Fees                 |  |  |
| Mark                      | Statement Fee  |                 | Total:                |                            |  |                       |                | •                    |                      |  |  |
|                           |  |                 | <del> </del>          |                            |  |                       |                |                      |                      |  |  |
|                           |  | Amount Recei    | 1                     | Col                        |  | No. and Date:         | <del></del>    |                      |                      |  |  |
| DD N                      |  |                 | MICR No:              |                            | DD Date:   |                       | Bank:          | :                    |                      |  |  |
|                           | er Preference (Code/Na   |                 |                       |                            |  |                       |                |                      |                      |  |  |
|                           | ie Preference (Code/Na   |                 |                       |                            |  |                       | <del></del>    |                      |                      |  |  |
|                           | he Controller of Examir  |                 |                       |                            |  |                       |                | Place:               | Vidyavihar           |  |  |
| decla                     | uest permission to present manner that all statement manner than a like the statement manner than a like the statement manner than the statement man | ade in this ap  | pplication are true,  | complete and correct to    | the best of m  | ny knowledge and be   | elief. I       | Date:                |                      |  |  |
|                           | gone through the syllatest for any special conce   |                 |                       |                            |  |                       |                |                      |                      |  |  |
| other                     | ground. I understand th  | hat in the eve  | ent of any informati  | on being found false or    | · incorrect, my  | candidature is liable | to be          |                      |                      |  |  |
| cance                     | ancelled or rejected. Student's Signature  |                 |                       |                            |  |                       |                |                      |                      |  |  |
| Decla                     | aration by Principal/HOI   | D/Chairperso    | on                    |                            |  |                       |                |                      |                      |  |  |
| respo                     | form is carefully scrutini<br>onsibility of fulfillment/re<br>se/term work (if any) acc  | ectification of | f the information. He |                            |  |                       |                |                      |                      |  |  |
| 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|                                 |   |                  |                      |                         |                         |                       |                       |   | 4                       |  |
|---------------------------------|---|------------------|----------------------|-------------------------|-------------------------|-----------------------|-----------------------|---|-------------------------|--|
|                                 | PRN:  | Eligi            | ibility Status:      | Examination 1<br>09518  |                         | Division/Section:     | Roll No               | o.:   | Ver in                  |  |
| 2                               | 2017016401264591  |                  | Eligible             |                         |                         | С                     | 211                   |   | Jandas.                 |  |
| Instru                          | uction Medium:  |                  |                      |                         |                         | Nationality:          | India                 |   |                         |  |
|                                 |   |                  |                      | Student's P             | Personal Informati      | on                    |                       |   |                         |  |
| Stude                           | ent's Name: YUKTA   | A MAHAVIR S      | SINGHVI              |                         |                         | Mother's Name: AF     | RUNA                  |   | Gender: Female          |  |
| Namo                            | e in Vernacular Langua  | age:युक्ता मा    | हावीर सिंघवी         |                         |                         |                       |                       |   |                         |  |
| Addro                           | ess: 3B-114, KALPATA  | ARU AURA LI      | BS MARG GHATK        | OPAR WEST               |                         |                       |                       |   |                         |  |
| City:                           | MUMBAI, Taluka: Kurl  | la, District: Mı | umbai Suburban, S    | tate: Maharashtra, I    | PIN: 400086             |                       |                       |   |                         |  |
|                                 | phone no.: 25176013   |                  | Mot                  | oile no: 91983382338    | 89                      | Emai                  | il : ymsinghvi2       |   | ail.com                 |  |
| DOB                             | : Dec 06, 1999  | Cat              | tegory: Open         |                         |                         | Handicap: No          |                       |   | -                       |  |
| Previ                           | ious Latest Examinatio  | on Details: Ser  | m IV(Regular-Rev     | 6)                      | Exam Even               | t: Apr-2019           | Sea                   | it No: 066                                      | 68642 (Status: Pass)    |  |
| Exam                            | xam form appearance type: Fresher   |                  |                      |                         |                         |                       |                       |   |                         |  |
| Pape                            | er Details: Plea  | ase select Pa    | per details which y  | ou want to appear (     | UA - University A       | Assessment,CA - Col   | llege Assess          | ment )  |                         |  |
| SN                              | Paper Code  |                  |                      | Paper Nar               | me                      |                       |                       |   | AM - AT                 |  |
| 1                               | 86001   | Operation Re     | esearch              |                         |                         |                       | Th-U                  | JA [ ] ;Th-                                     | -CA[]                   |  |
| 2                               | 86002   | International    | Finance              |                         |                         |                       | Th-U                  | JA [ ] ;Th-                                     | -CA [ ]                 |  |
| 3                               | 86008   | Project Mana     | agement              |                         |                         |                       | Th-U                  | Th-UA[];Th-CA[]                                 |                         |  |
| 4                               | 86011   | Strategic Fin    | nancial Managemer    | nt                      | Т                       |                       |                       | Th-UA [];Th-CA []                               |                         |  |
| 5 86017 Indirect Taxes Th-      |   |                  |                      |                         |                         |                       |                       |   | -CA[]                   |  |
| 6 UBMSFSVI.5 Project Work Pw-UA |   |                  |                      |                         |                         |                       |                       |   | v-CA []                 |  |
| Conv                            | ocation Fee   |                  | Exam Form Late       | Fee                     | Exam Form               | Super Late Fee        | Exa                   | mination  | ı Fees                  |  |
| Mark                            | Statement Fee   |                  | Total:               |                         |                         |                       |                       |   |                         |  |
| Davn                            | nent Details:   | Amount Recei     |                      |                         | College Receipt         | No and Date:          |                       |   | 1                       |  |
| DD N                            |   | Alliount Necei   | MICR No:             |                         | DD Date:                | NO. aliu Date.        | Bank                  | <u></u>   |                         |  |
|                                 | er Preference (Code/N   | rame).           | IVIIOTT IVO.         |                         | DD Date.                |                       |                       | N   |                         |  |
|                                 | ue Preference (Code/N   |                  |                      |                         |                         |                       |                       |   |                         |  |
|                                 | The Controller of Exami   |                  |                      |                         |                         |                       |                       | Place:  | Vidyavihar              |  |
|                                 | uest permission to pres   |                  | or the ensuing exar  | nination. I have rem    | itted the prescrib      | ed fee for the same.  | I hereby              | Flace.  | Viuyaviiiai             |  |
| decla                           | are that all statement m  | nade in this ap  | pplication are true, | complete and correct    | ct to the best of m     | ny knowledge and be   | elief. I              | Date:   |                         |  |
|                                 | gone through the syllates go and the syllates go and special conditions and special conditions are go and the syllates go and |                  |                      |                         |                         |                       |                       |   |                         |  |
| other                           | r ground. I understand  |                  |                      |                         |                         |                       |                       |   |                         |  |
| cance                           | elled or rejected.  |                  |                      |                         |                         |                       |                       | St  | tudent's Signature      |  |
| Decla                           | aration by Principal/HC   | DD/Chairperso    | on                   |                         |                         |                       |                       |   |                         |  |
| This                            | form is carefully scruting  | inized by the C  | College staff and by | v me. The informatic    | on printed in the f     | orm is correct to the | best of my kr         | nowledge  | e. I also undertake the |  |
| respo                           | onsibility of fulfillment/r   | rectification of | f the information. H | e/she is regular stud   | dent of this Collec     | je and has complete   | d the require         | d attenda                                       | ance and practical      |  |
| cours                           | se/term work (if any) a   | ccording to un   | iversity rules.      |                         |                         |                       |                       |   |                         |  |
| Dlace                           |   |                  |                      |                         |                         |                       |                       |   |                         |  |
| Place                           | £:  |                  |                      |                         |                         |                       | 1                     |   |                         |  |
|                                 |   |                  |                      |                         |                         |                       | 1                     |   |                         |  |
| Date:                           |   |                  |                      | College Staff Signature |                         |                       | Seal and Signature of |   |                         |  |
|                                 |   |                  |                      | 0011090                 | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Examination form No.:

'e-Suvidha' account on



|       | PRN: Eligibility Status:   |                  | oility Status:       | 095188                 |                    | Division/Section:      | Roll No        | 0.:         | Prole                      |
|-------|--|------------------|----------------------|------------------------|--------------------|------------------------|----------------|-------------|----------------------------|
|       | 2017016401264602   |                  | Eligible             |                        |                    | Α                      | 49             |             | 22                         |
| Instr | uction Medium:   |                  |                      |                        |                    | Nationality:           | India          |             |                            |
|       |  |                  |                      | Student's Pe           | ersonal Informati  | on                     |                |             |                            |
| Stud  | lent's Name: <b>BHUMII</b>   | KA SAMEER        | SHAH                 |                        |                    | Mother's Name: HI      | EMALI          | (           | Gender: Female             |
| Nam   | ne in Vernacular Langua  | ige:BHUMIKA      | 4                    |                        |                    |                        |                |             |                            |
| Addr  | ress: E/24, VRINDAVAN  | N SOCIETY L      | B.S MARG, GHA        | TKOPAR(WEST), MI       | UMBAI-400086       |                        |                |             |                            |
|       | Mumbai, Taluka: Mumb   | bai, District: M |                      |                        |                    |                        |                |             |                            |
| Tele  | phone no.: 25124804  |                  | Mob                  | oile no: 91704557132   | :5                 | Emai                   | il : bhumikasl | nahrocks    | @gmail.com                 |
|       | 3: Jun 28, 1999  |                  | tegory: Open         |                        | <del></del>        | Handicap: No           |                |             |                            |
| Prev  | rious Latest Examinatior   | າ Details: Sen   | n II(Regular-Rev16   | 3)                     | Exam Even          | t: Apr-2019            | Sea<br>Pas     |             | 17016401264602 (Status:    |
|       | m form appearance type   | e: Fresher       |                      |                        |                    |                        |                |             |                            |
| Pape  | er Details: Plea   | se select Par    | per details which y  | ou want to appear ( L  | JA - University A  | Assessment,CA - Co     | llege Assess   | ment)       |                            |
| SN    | Paper Code   |                  |                      | Paper Nam              | ne                 |                        |                |             | AM - AT                    |
| 1     | -  | Operation Re     |                      |                        |                    |                        |                | JA [ ] ;Th- |                            |
| 2     |  | Brand Manag      | <u> </u>             |                        |                    |                        |                | JA [ ] ;Th- |                            |
| 3     |  | Retail Manag     |                      |                        |                    |                        |                | JA [ ] ;Th- |                            |
| 4     |  | International I  |                      |                        |                    |                        |                | JA [ ] ;Th- |                            |
| 5     |  |                  | ing and Manageme     | ent                    |                    |                        |                | JA [ ] ;Th- |                            |
| 6     |  | Project Work     |                      |                        |                    |                        |                | JA [ ] ;Pw  |                            |
|       | vocation Fee   |                  | Exam Form Late I     | Fee                    | Exam Form          | Super Late Fee         | Exa            | mination    | r Fees                     |
| Mark  | Statement Fee  |                  | Total:               |                        |                    |                        |                |             |                            |
| Payr  | ment Details:  | Amount Receiv    | ived:                |                        | College Receipt    | No. and Date:          |                |             |                            |
| DD N  |  |                  | MICR No:             |                        | DD Date: Bank      |                        |                | k:          |                            |
| Cent  | ter Preference (Code/Na  | ame):            |                      |                        |                    |                        |                |             |                            |
|       | ue Preference (Code/Na   |                  |                      |                        |                    |                        |                |             |                            |
| To, ⊺ | The Controller of Examir   | nation,          |                      |                        |                    |                        |                | Place:      | Vidyavihar                 |
| decla | uest permission to prese<br>are that all statement ma<br>e gone through the syllal   | ade in this ap   | oplication are true, | complete and correct   | t to the best of n | ny knowledge and be    | elief. I       | Date:       |                            |
| requ  | est for any special conc   | cession such a   | as change in time    | or day fixed for unive | ersity Examination | on etc. on religious o | r any          |             |                            |
|       | r ground. I understand tl<br>celled or rejected.   | hat in the eve   | ent of any informati | on being found false   | or incorrect, my   | candidature is liable  | e to be        |             |                            |
| Cario | elled of rejected.   |                  |                      |                        |                    |                        |                | St          | tudent's Signature         |
| Decl  | laration by Principal/HO   | D/Chairperso     | 'n                   |                        |                    |                        |                |             |                            |
| resp  | 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 ourse/term work (if any) according to university rules. |                  |                      |                        |                    |                        |                |             |                            |
| Plac  | e:   |                  |                      | _                      |                    |                        |                |             |                            |
| Date  | r.   |                  |                      | College                | Staff Signature    |                        |                |             | nature of<br>D/Chairperson |



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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|  |  |                    | · ,                  | Evamination            | form No :               |                         | 1               |  |                      |  |
|--|--|--------------------|----------------------|------------------------|-------------------------|-------------------------|-----------------|--|----------------------|--|
|  | PRN:   | Eligi <sup>l</sup> | ibility Status:      | Examination 1<br>09518 | 89                      | Division/Section:       | Roll No         | ).:  | 8 Drople             |  |
|  | 2017016401264617   |                    | Eligible             |                        |                         | Α                       | 14              | ļ  | ()                   |  |
| nstrı  | uction Medium:   |                    |                      |                        |                         | Nationality:            | United State    | es of An   | nerica               |  |
|  |  |                    |                      | Student's P            | ersonal Informati       | on                      |                 |  |                      |  |
| Stud   | lent's Name: SAMID   | DHA RAJESH         | DHOBLE               |                        |                         | Mother's Name: Sh       | HILPA           |  | Gender: Female       |  |
| Nam  | ne in Vernacular Langua  | age:SAMIDH/        | A                    |                        |                         |                         |                 |  |                      |  |
| Addr   | ress: B-17/230, "SHOBI   | HNA" Rajawa        | idi Housing Colony   | Ghatkopar(East)        |                         |                         |                 |  |                      |  |
| City:  | Mumbai, Taluka: Mum  | ıbai, District: N  | Numbai City, State   | : Maharashtra, PIN:    | 400077                  |                         |                 |  |                      |  |
| Tele   | phone no.: 21028218  |                    | Moh                  | oile no: 91975702309   | 96                      | Emai                    | il : samidha.dh | hoble@ς  | gmail.com            |  |
| DOB  | 3: May 11, 1999  | Cat                | tegory: Open         |                        | Physically              | Handicap: No            |                 |  |                      |  |
| Prev   | rious Latest Examinatio  | n Details: Ser     | m IV(Regular-Rev     | 6)                     | Exam Even               | nt: Apr-2019            | Sea             | t No: 06/  | 68663 (Status: Pass) |  |
| Exan   | n form appearance type   | e: Fresher         |                      |                        |                         |                         |                 |  |                      |  |
| Рарє   | er Details: Plea   | ase select Par     | per details which y  | ou want to appear (    | UA - University F       | Assessment,CA - Col     | llege Assessr   | ment)  |                      |  |
| SN   | Paper Code   |                    |                      | Paper Nar              | me                      |                         |                 |  | AM - AT              |  |
| 1  | 86001  | Operation Re       | esearch              |                        |                         |                         | Th-U.           | IA [ ] ;Th-  | -CA[]                |  |
| 2  | 86003  | Brand Manag        | gement               |                        |                         |                         | Th-U.           | IA [ ] ;Th-  | -CA[]                |  |
| 3  | 86006  | Retail Manag       | gement               |                        |                         |                         | Th-U            | IA [ ] ;Th-  | -CA[]                |  |
| 4  | 86009  | International      | Marketing            |                        | Th-                     |                         |                 |  | -CA[]                |  |
| 5  | 86012  | Media Plann        | ing and Manageme     | ent                    |                         |                         | Th-U            | IA [ ] ;Th-  | -CA[]                |  |
| 6 UBMSFSVI.5 Project Work Pw-UA []; Pw-CA [] |  |                    |                      |                        |                         |                         |                 | w-CA []  |                      |  |
| Conv   | vocation Fee   |                    | Exam Form Late       | Fee                    | Exam Form               | Super Late Fee          | Exa             | mination   | າ Fees               |  |
| Mark   | Statement Fee  |                    | Total:               |                        |                         | -                       |                 |  |                      |  |
|  | Γ-   |                    |                      |                        |                         |                         |                 |  |                      |  |
|  |  | Amount Recei       | 1                    |                        | College Receipt         | No. and Date:           |                 |  |                      |  |
| DD N   |  |                    | MICR No:             |                        | DD Date:                |                         | Bank            | <u>C:</u>  |                      |  |
|  | ter Preference (Code/N   |                    |                      |                        |                         |                         |                 |  |                      |  |
|  | ue Preference (Code/Na   |                    |                      |                        |                         |                         |                 |  |                      |  |
|  | The Controller of Exami  |                    |                      |                        |                         |                         |                 | Place:   | Vidyavihar           |  |
| decla  | uest permission to pres<br>are that all statement m<br>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 t   | that in the eve    | ent of any informati | on being found false   | e or incorrect, my      | candidature is liable   | e to be         |  |                      |  |
| cano   | celled or rejected.  |                    |                      |                        |                         |                         |                 | St   | tudent's Signature   |  |
| Deck   | aration by Principal/HO  | D/Chairperso       | on                   |                        |                         |                         |                 |  |                      |  |
| respo  | form is carefully scrutir<br>onsibility of fulfillment/r<br>se/term work (if any) ac | rectification of   | f the information. H |                        |                         |                         |                 |  |                      |  |
| Place  | e:   |                    |                      |                        |                         |                         |                 |  |                      |  |
| Date   |  |                    |                      |                        |                         |                         | l               |  |                      |  |
| Jaie   |  |                    |                      | College                | College Staff Signature |                         |                 | Seal and Signature of<br>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.

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

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|  | PRN:   | Elig             | ibility Status:      | Examination for<br>095190 |                         | Division/Section:     | Roll No          | ).:   |                         |  |
|--|--|------------------|----------------------|---------------------------|-------------------------|-----------------------|------------------|---|-------------------------|--|
| 2  | 2017016401264625   |                  | Eligible             |                           |                         | С                     | 208              |   | Acingal-                |  |
| Instru   | uction Medium:   | -                |                      |                           |                         | Nationality:          | India            |   |                         |  |
|  |  |                  |                      | Student's Per             | rsonal Informati        | on                    |                  |   |                         |  |
| Stude  | ent's Name: SHANI  | KLESHA KIN       | JAL GAUTAM           |                           |                         | Mother's Name: RA     | AJANI            | (   | Gender: Female          |  |
| Nam  | e in Vernacular Langua   | ıage:शंकलेशा र्  | केंजल गौतम           |                           |                         |                       |                  |   |                         |  |
|  | ess: 303, 3rd floor, alw   |                  |                      |                           | n west                  |                       |                  |   |                         |  |
| <u> </u>   | kalyan, Taluka: Kalyar   | n, District: The |                      |                           |                         |                       |                  |   |                         |  |
|  | phone no.:   |                  | Mot                  | oile no: 918879370370     | )                       | Emai                  | il : kinjalshank | desha15   | @gmail.com              |  |
|  | : Jun 15, 1999   |                  | itegory: Open        |                           | Physically              | Handicap: No          |                  |   |                         |  |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 060 |  |                  |                      |                           |                         |                       |                  |   | 68638 (Status: Pass)    |  |
|  | 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                | е                       |                       |                  |   | AM - AT                 |  |
| 1  | 86001  | Operation Re     | esearch              |                           |                         |                       | Th-U             | A [ ] ;Th-                                      | -CA[]                   |  |
| 2  | 86002  | International    | Finance              |                           |                         |                       | Th-U             | A [ ] ;Th-                                      | -CA[]                   |  |
| 3  | 86008  | Project Mana     | agement              |                           |                         |                       | Th-U             | A [ ] ;Th-                                      | -CA[]                   |  |
| 4  | 86011  | Strategic Fin    | nancial Managemer    | nt                        |                         |                       | Th-U             | A [ ] ;Th-                                      | -CA[]                   |  |
| 5 86017 Indirect Taxes Th-UA [];Th-CA []   |  |                  |                      |                           |                         |                       |                  |   | -CA [ ]                 |  |
| 6  | 6 UBMSFSVI.5 Project Work Pw-UA [] ;Pw-CA []   |                  |                      |                           |                         |                       |                  |   |                         |  |
| Conv   | ocation Fee  |                  | Exam Form Late       | Fee                       | Exam Form               | Super Late Fee        | Exa              | mination  | Fees                    |  |
| Mark   | Statement Fee  |                  | Total:               |                           |                         |                       |                  |   |                         |  |
| Pavn   | ment Details:  | Amount Rece      | sixod:               |                           | ollege Receipt          | No and Date:          |                  |   |                         |  |
| DD N   |  | Alliount nece    | MICR No:             |                           | DD Date:                | NO. and Date.         | Bank             | <del></del>                                     |                         |  |
|  | er Preference (Code/N  | /lame).          | INICIA NO.           |                           | DD Date.                |                       | Dank             |   |                         |  |
|  | ue Preference (Code/N  |                  |                      |                           |                         |                       |                  |   |                         |  |
|  | The Controller of Exam   |                  |                      |                           |                         |                       |                  | Place:  | Vidyavihar              |  |
|  | uest permission to pres  |                  | or the ensuing exar  | nination. I have remitte  | ed the prescribe        | ed fee for the same.  | I hereby         | Flace.  | Viuyaviiiai             |  |
| decla  | are that all statement m   | made in this ap  | pplication are true, | complete and correct      | to the best of m        | ny knowledge and be   | elief. I         | Date:   |                         |  |
|  | gone through the syllates gone through the syllates gone est for any special con-  |                  |                      |                           |                         |                       |                  | $\vdash$  |                         |  |
| other  | r ground. I understand   |                  |                      |                           |                         |                       |                  |   |                         |  |
| cance  | elled or rejected.   |                  |                      |                           |                         |                       |                  | St  | tudent's Signature      |  |
| Deck   | aration by Principal/HC  | OD/Chairpers     | on                   |                           |                         |                       |                  |   |                         |  |
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| respo  | onsibility of fulfillment/r  | rectification of | f the information. H |                           |                         |                       |                  |   |                         |  |
| cours  | se/term work (if any) a  | ccording to ur   | niversity rules.     | <u></u>                   |                         |                       |                  |   |                         |  |
| اموات  |  |                  |                      |                           |                         |                       |                  |   |                         |  |
| Place  | ž:<br>   |                  |                      |                           |                         |                       |                  |   |                         |  |
| ~ · · ·  |  |                  |                      |                           |                         |                       |                  |   |                         |  |
| Date:  | :  |                  |                      | College S                 | Staff Signature         |                       | Seal             | and Sign  | nature of               |  |
|  |  |                  |                      | College                   | College Staff Signature |                       |                  | Seal and Signature of Principal/HOD/Chairperson |                         |  |



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Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:



|       | PRN:   | Eligi          | bility Status:       | 095191                    | II INO                                    | Division/Section:      | Roll No                   | .:       | Dal.                 |  |
|-------|--|----------------|----------------------|---------------------------|---|------------------------|---------------------------|----------|----------------------|--|
| :     | 2017016401264633   |                | Eligible             |                           | III                                       | Α                      | 7                         |          | Achie                |  |
| nstrı | uction Medium:   | •              |                      |                           |   | Nationality:           | India                     |          |                      |  |
|       |  |                |                      | Student's Perso           | onal Informati                            | on                     |                           |          |                      |  |
| Stud  | ent's Name: CHHAD  | WA ARCHIE      | JAYESH               |                           |   | Mother's Name: H       | EENA                      | (        | Gender: Female       |  |
| lam   | e in Vernacular Langua                                   | ge:छाडवा आ     | रची जयेश             |                           |   |                        |                           |          |                      |  |
| Addr  | ess: 502, LAVINA APAI                                    | RTMENT N       | R 19 NO MUNCIPA      | AL SCHOOL ,VISHNU N       | NAGAR NAUF                                | PADA ,THANE WES        | Т                         |          |                      |  |
| City: | THANE, Taluka: Thane                                     | , District: Th | ane, State: Mahara   | shtra, PIN: 400602        |   |                        |                           |          |                      |  |
| elep  | ohone no.:   |                | Mob                  | ile no: 918369217814      | no: 918369217814 Email : archiechhadva@gm |                        |                           |          |                      |  |
| ОВ    | : Dec 20, 1999   | Cat            | tegory: Open         |                           | Physically                                | Handicap: No           |                           |          |                      |  |
| revi  | ious Latest Examination                                  | n Details: Sei | m IV(Regular-Rev1    | 6)                        | Exam Even                                 | t: Apr-2019            | Seat                      | No: 066  | 68656 (Status: Pass) |  |
| xan   | n form appearance type                                   | : Fresher      |                      |                           |   |                        |                           |          |                      |  |
| ape   | r Details: Plea  | 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                | Paper Name                                |                        |                           |          | AM - AT              |  |
| 1     | 86001  | Operation Re   | esearch              |                           |   |                        | Th-UA                     | ۲ [];Th- | CA[]                 |  |
| 2     |  | Brand Mana     | gement               |                           |   | Th-U                   | ۲[];Th-                   | CA[]     |                      |  |
| 3     | 86006 I  | Retail Manag   | gement               |                           |   | Th-UA                  | ۲[];Th-                   | CA[]     |                      |  |
| 4     | 86009 I  | International  | Marketing            |                           |   | Th-UA                  | Th-UA [] ;Th-CA []        |          |                      |  |
| 5     | 86012 I  | Media Plann    | ing and Manageme     | ent                       |   |                        | Th-U                      | ۲ [];Th- | CA[]                 |  |
| 6     | 6 UBMSFSVI.5 Project Work Pw-UA [];Pw-CA []              |                |                      |                           |   |                        |                           |          |                      |  |
| Conv  | rocation Fee   |                | Exam Form Late       | Fee                       | Exam Form                                 | Super Late Fee         | Exar                      | nination | Fees                 |  |
| /lark | Statement Fee  |                | Total:               |                           |   |                        |                           |          |                      |  |
| Pavn  | nent Details: A  | mount Rece     | ived:                | Col                       | lege Receipt                              | No. and Date:          |                           |          |                      |  |
| DD N  |  |                | MICR No:             |                           | DD Date:                                  |                        | Bank                      | :        |                      |  |
| Cent  | er Preference (Code/Na                                   | ame):          |                      |                           |   |                        | I                         |          |                      |  |
| /enu  | ie Preference (Code/Na                                   | me):           |                      |                           |   |                        |                           |          |                      |  |
| o, T  | he Controller of Examir                                  | nation,        |                      |                           |   |                        |                           | Place:   | Vidyavihar           |  |
|       | uest permission to prese                                 |                |                      |                           |   |                        |                           | Doto     |                      |  |
|       | are that all statement ma<br>gone through the syllat     |                |                      |                           |   |                        |                           | Date:    |                      |  |
| eque  | est for any special conc                                 | ession such    | as change in time    | or day fixed for universi | ty Examination                            | on etc. on religious o | r any                     |          |                      |  |
|       | ground. I understand the elled or rejected.              | hat in the eve | ent of any informati | on being found false or   | incorrect, my                             | candidature is liable  | e to be                   |          |                      |  |
| ano   | onou or rojectou.  |                |                      |                           |   |                        |                           | St       | udent's Signature    |  |
| )ecla | aration by Principal/HOI                                 | D/Chairperso   | on                   |                           |   |                        |                           |          |                      |  |
|       | form is carefully scrutin                                |                |                      |                           |   |                        |                           |          |                      |  |
|       | onsibility of fulfillment/re<br>se/term work (if any) ac |                |                      | e/sne is regular student  | of this Collec                            | ge and nas complete    | a tne required            | attenda  | ance and practical   |  |
|       |  |                |                      |                           |   |                        |                           |          |                      |  |
| Place | e:   |                |                      |                           |   |                        |                           |          |                      |  |
|       |  |                |                      | _                         |   |                        |                           |          |                      |  |
| ate   | :  |                |                      |                           |   |                        |                           |          |                      |  |
|       |  |                |                      | College Staff Signature   |   |                        | Seal and Signature of     |          |                      |  |
|       |  |                |                      | ů ů                       |   |                        | 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.

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

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Seal and Signature of Principal/HOD/Chairperson

|   | PRN: Eligibility Status   |                  |                      | 095192  |                                       | Division/Section:                            | Roll No                           | Roll No.:            |  |  |
|---|---|------------------|----------------------|---|---------------------------------------|--|-----------------------------------|----------------------|--|--|
| 2   | 2017016401264641  |                  | Eligible             |   | III                                   | Α  | 26                                |                      |  |  |
| Instru  | ction Medium:   | -                | -                    |   |                                       | Nationality:                                 | India                             |                      |  |  |
|   |   |                  |                      | Student's Person                                      | onal Informati                        | on   |                                   |                      |  |  |
| Stude   | ent's Name: <b>JAVANI</b>   | NIRBHAY A        | JAY                  |   |                                       | Mother's Name: H                             | EENA                              | C                    | Gender: Male                                 |  |
| Name  | e in Vernacular Langua  | ge:जवानी नि      | भंय अजय              |   |                                       |  |                                   |                      |  |  |
| Addre   | ess: 1004, Tanishq Hei  | ghts, Oghadl     | ohai Lane, M .G. R   | oad, Ghatkopar East                                   |                                       |  |                                   |                      |  |  |
| City:   | Mumbai, Taluka: Mumb  | oai, District: I | Numbai City, State   | : Maharashtra, PIN: 400                               | 0077                                  |  |                                   |                      |  |  |
| Telep   | hone no.: 25085158  |                  | Mob                  | ile no: 919167718342                                  |                                       | Ema  | il : nrbhy23@i                    | cloud.co             | m  |  |
| DOB:  | Jul 23, 1999  | Ca               | tegory: Open         |   | Physically                            | Handicap: No                                 |                                   |                      |  |  |
| Previ   | ous Latest Examinatior  | n Details: Se    | m IV(Regular-Rev1    | 6)  | Exam Even                             | t: Apr-2019                                  | Seat                              | No: 066              | 88674 (Status: Pass)                         |  |
| Exam  | Exam form appearance type: Fresher  |                  |                      |   |                                       |  |                                   |                      |  |  |
| Pape  | Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment ) |                  |                      |   |                                       |  |                                   |                      |  |  |
| SN  | Paper Code  |                  |                      | Paper Name  |                                       |  |                                   |                      | AM - AT                                      |  |
| 1   | 86001   | Operation Re     | esearch              |   |                                       |  | Th-UA                             | ۲ [] ;Th-(           | CA[]   |  |
| 2   | 86003   | Brand Mana       | gement               |   | Th-UA [                               |  |                                   |                      |  |  |
| 3   | 86006   | Retail Mana      | jement               |   | Th-UA [];Th-CA []                     |  |                                   |                      |  |  |
| 4 86009 International Marketing                         |   |                  |                      |   |                                       |  | Th-UA                             | ۲ [] ;Th-(           | CA[]   |  |
| 5 86012 Media Planning and Management Th-UA [];Th-CA [] |   |                  |                      |   |                                       |  | CA[]                              |                      |  |  |
| 6 UBMSFSVI.5 Project Work Pw-UA [];Pw-CA []             |   |                  |                      |   |                                       |  |                                   |                      | -CA []                                       |  |
| Conv  | ocation Fee   |                  | Exam Form Late I     | Fee   | Exam Form                             | Super Late Fee                               | Exar                              | nination             | Fees   |  |
| Mark  | Statement Fee   |                  | Total:               |   |                                       |  |                                   |                      |  |  |
|   |   |                  | <del> </del>         |   |                                       |  |                                   |                      |  |  |
|   |   | mount Rece       | T                    | Col   | <del> </del>                          | No. and Date:                                | - In .                            |                      |  |  |
| DD N  |   |                  | MICR No:             |   | DD Date:                              |  | Bank                              |                      |  |  |
|   | er Preference (Code/Na  |                  |                      |   |                                       |  |                                   |                      |  |  |
|   | e Preference (Code/Na   |                  |                      |   |                                       |  |                                   |                      |  |  |
|   | he Controller of Examir   |                  |                      |   |                                       | 16 6 11                                      |                                   | 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 and be                          | elief. I                          | Date:                |  |  |
|   |   |                  |                      | ibed for the examination<br>or day fixed for universi |                                       |  |                                   |                      |  |  |
| other   | ground. I understand the  |                  |                      | on being found false or                               |                                       |  |                                   |                      |  |  |
| cance   | ncelled or rejected. Student's Signature  |                  |                      |   |                                       |  |                                   |                      |  |  |
| Decla   | aration by Principal/HO   | D/Chairperso     | on                   |   |                                       |  |                                   |                      |  |  |
| respo   | form is carefully scrutin<br>onsibility of fulfillment/re<br>se/term work (if any) ac                                       | ectification of  | the information. He  | / me. The information p<br>e/she is regular student   | orinted in the fo<br>t of this Collec | orm is correct to the<br>ge and has complete | best of my kno<br>ed the required | owledge<br>I attenda | . I also undertake the<br>ance and practical |  |
| Place   | ):  |                  |                      |   |                                       |  |                                   |                      |  |  |
| Date:   |   |                  |                      |   |                                       |  |                                   |                      |  |  |



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

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Examination form No.:



|                     | PRN:   | Eligi            | bility Status:       | 095193  | I NO   | Division/Section:   | Roll N        | No.:   | · Casa       |  |
|---------------------|--|------------------|----------------------|---|--|---------------------|---------------|--|--------------|--|
|                     | 2017016401264656   |                  | Eligible             |   |  | А                   | 33            | 3  |              |  |
| Instr               | uction Medium:   | -                |                      |   |  | Nationality:        | India         |  | •            |  |
|                     |  |                  |                      | Student's Perso                                       | onal Informati                                       | on                  |               |  |              |  |
| Stud                | ent's Name: KOTH   | ARI SUMIT A      | SHOK                 |   |  | Mother's Name:      | SMITA         |  | Gender: Male |  |
| Nam                 | e in Vernacular Langu  | age:સુમિત        |                      |   |  |                     |               |  |              |  |
| Addr                | ess: A/9 Shanti Bhutar   | n Above Mc D     | onalds N.S. Road     | Mulund (W)  |  |                     |               |  |              |  |
| City:               | Mumbai, Taluka: Kurla  | a, District: Mu  | mbai Suburban, St    | ate: Maharashtra, PIN:                                | 400080   |                     |               |  |              |  |
| Tele                | ohone no.:   |                  | Mob                  | ile no: 919594733544                                  | no: 919594733544 Email : sumitkothari28@gmail.c      |                     |               |  |              |  |
| DOB                 | : Aug 27, 1999   | Cat              | tegory: Open         |   | Physically Handicap: No                              |                     |               |  |              |  |
| Prev                | ious Latest Examinatio   | on Details: Sei  | m IV(Regular-Rev1    | 6)  | Exam Event: Apr-2019 Seat No: 0668680 (Status: Pass) |                     |               |  |              |  |
| Exar                | n form appearance typ  | e: Fresher       |                      |   |  |                     |               |  |              |  |
| Pape                | er Details: Ple  | ase select Pa    | per details which y  | ou want to appear ( UA                                | - University A                                       | Assessment,CA - (   | College Asses | sment)   |              |  |
| SN                  | Paper Code   |                  |                      | Paper Name  |  |                     |               |  | AM - AT      |  |
| 1                   | 86001  | Operation Re     | esearch              |   |  |                     | Th-           | UA [ ] ;Th   | -CA[]        |  |
| 2                   | 86003  | Brand Manag      | gement               |   |  |                     | Th-           | UA [ ] ;Th   | -CA[]        |  |
| 3                   | 86006  | Retail Manag     | gement               |   | Th-UA [] ;Th-C/                                      |                     |               |  |              |  |
| 4                   | 86009  | International    | Marketing            |   |  |                     | Th-           | UA [ ] ;Th   | -CA[]        |  |
| 5                   | 86012  | Media Plann      | ing and Manageme     | ent   |  |                     | Th-           | UA [ ] ;Th   | -CA[]        |  |
| 6                   | UBMSFSVI.5   | Project Work     |                      |   |  |                     | Pw            | -UA [ ] ;P\  | v-CA []      |  |
| Conv                | ocation Fee  |                  | Exam Form Late       | Fee   | Exam Form  | Super Late Fee      | Ex            | kamination   | n Fees       |  |
| Mark                | Statement Fee  |                  | Total:               |   |  |                     |               |  |              |  |
| Payr                | nent Details:  | Amount Rece      | ived:                | Coll  | ege Receipt  | No. and Date:       |               |  |              |  |
| DD N                | lo:  |                  | MICR No:             |   | DD Date:   |                     |               | Bank:  |              |  |
| Cent                | er Preference (Code/N  | lame):           |                      |   |  |                     |               |  |              |  |
|                     | ie Preference (Code/N  |                  |                      |   |  |                     |               |  |              |  |
| To, 1               | he Controller of Exam  | ination,         |                      |   |  |                     |               | Place:   | Vidyavihar   |  |
|                     |  |                  |                      | nination. I have remitted<br>complete and correct to  |  |                     |               | Date:  |              |  |
| have                | gone through the sylla   | abus and the l   | ist of books prescri | bed for the examination                               | for which I a  | m appearing. I sha  | all not       |  |              |  |
| requ                | est for any special con  | cession such     | as change in time    | or day fixed for universit<br>on being found false or | ty Examination                                       | n etc. on religious | or any        |  |              |  |
|                     | elled or rejected.   | uiat iii uie eve | ent of any informati | on being lound raise or                               | incorrect, my  | candidature is na   | DIE 10 DE     |  |              |  |
| Student's Signature |  |                  |                      |   |  |                     |               | tudent's Signature                                 |              |  |
|                     | aration by Principal/HO  | •                |                      |   |  |                     |               |  |              |  |
| 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. |                  |                      |   |  |                     |               |  |              |  |
|                     |  |                  |                      |   |  |                     |               |  |              |  |
| Plac                | <del>9</del> :   |                  |                      |   |  |                     |               |  |              |  |
| Deta                |  |                  |                      |   |  |                     |               |  |              |  |
| Date                |  |                  |                      | College Sta   | College Staff Signature                              |                     |               | Seal and Signature of<br>Principal/HOD/Chairperson |              |  |



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

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|       | PRN: Eligibility Status:  |                 | bility Status:       | Examination forr<br>095194                            | n No.:   | Division/Section:     | Roll No          | ı.:   | 0:0                  |  |
|-------|---|-----------------|----------------------|---|--|-----------------------|------------------|---|----------------------|--|
|       | 2017016401264664  |                 | Eligible             |   | III  | С                     | 153              |   | Posis-               |  |
| nstrı | uction Medium:  |                 |                      |   |  | Nationality:          | India            |   |                      |  |
|       |   |                 |                      | Student's Pers  | onal Informati                                 | on                    |                  |   |                      |  |
| Stud  | ent's Name: BATLIV  | WALA MOHD       | FAZIL SHAKIR         |   |  | Mother's Name: RI     | JKHSANA          | (   | Gender: Male         |  |
| Nam   | e in Vernacular Langu   | age:BATLIWA     | ALA MOHD FAZIL       | SHAKIR  |  |                       |                  | ·   |                      |  |
| ٩ddr  | ess: BUNDER BLDG,2  | 2ND FLR,RO      | OM NO-03. ABOVE      | NAZIR CHEMIST,OP                                      | POSITE KHO                                     | JA KABRASTAN.         |                  |   |                      |  |
| City: | MUMBAI, Taluka: Mur   | mbai, District: | Mumbai City, Stat    | e: Maharashtra, PIN: 40                               | 00009  |                       |                  |   |                      |  |
| Tele  | ohone no.:  |                 | Mob                  | ile no: 919833364452                                  |  | Emai                  | l : fazilbatli@( | gmail.co  | m                    |  |
| OOB   | : Apr 30, 1999  | Ca              | tegory: Open         |   | Physically                                     | Handicap: No          |                  |   |                      |  |
| Prev  | ious Latest Examinatio  | n Details: Se   | m IV(Regular-Rev     | (6)   | Exam Even                                      | t: Apr-2019           | Seat             | t No: 066                                       | 88590 (Status: Pass) |  |
|       | kam form appearance type: Fresher   |                 |                      |   |  |                       |                  |   |                      |  |
| Pape  | 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     | 86001   | Operation Re    | esearch              |   |  |                       | Th-U             | A [ ] ;Th-                                      | CA[]                 |  |
| 2     | 86002   | International   | Finance              | Т   |  |                       |                  | A [ ] ;Th-                                      | CA[]                 |  |
| 3     | 86008   | Project Mana    | agement              |   |  |                       | Th-U             | A [ ] ;Th-                                      | CA[]                 |  |
| 4     | 86011   | Strategic Fin   | ancial Manageme      | Т   |  |                       |                  | Th-UA [];Th-CA []                               |                      |  |
| 5     | 86017   | Indirect Taxe   | es                   |   |  |                       | Th-U             | A [ ] ;Th-                                      | CA[]                 |  |
| 6     | 6 UBMSFSVI.5 Project Work 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:   | Amount Rece     | ived:                | Col   | lege Receipt                                   | No. and Date:         |                  |   |                      |  |
| DD N  |   | -tinount rece   | MICR No:             | 001   | College Receipt No. and Date:  DD Date:  Bank: |                       |                  |   |                      |  |
|       | er Preference (Code/N   | lame).          | MIGITING.            |   | DD Date.                                       |                       | Bank             |   |                      |  |
|       | ie Preference (Code/N   |                 |                      |   |  |                       |                  |   |                      |  |
|       | he Controller of Exam   | <u> </u>        |                      |   |  |                       |                  | Place:  | Vidyavihar           |  |
|       |   |                 | r the ensuing exan   | nination. I have remitted                             | the prescribe                                  | ed fee for the same.  | l hereby         | riace.  | Viuyaviilai          |  |
| decla | are that all statement m  | nade in this a  | oplication are true, | complete and correct to                               | the best of n                                  | ny knowledge and be   | elief. I         | Date:   |                      |  |
|       |   |                 |                      | ibed for the examination<br>or day fixed for universi |  |                       |                  |   |                      |  |
| othe  | ground. I understand  | that in the ev  | ent of any informat  | on being found false or                               | incorrect, my                                  | candidature is liable | to be            |   |                      |  |
| canc  | elled or rejected.  |                 |                      |   |  |                       |                  | St  | udent's Signature    |  |
| Deck  | aration by Principal/HC   | )D/Chairners    | on .                 |   |  |                       |                  |   | auom o orginatar o   |  |
|       |   | -               |                      | me The information p                                  | rinted in the f                                | orm is correct to the | hest of my kn    | owledae   | Lalso undertake the  |  |
| resp  | 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 |                 |                      |   |  |                       |                  |   |                      |  |
| cour  | se/term work (if any) a   | ccording to ur  | niversity rules.     |   |  |                       |                  |   |                      |  |
|       |   |                 |                      |   |  |                       |                  |   |                      |  |
| Place | <b>e</b> :  |                 |                      |   |  |                       |                  |   |                      |  |
|       |   |                 |                      |   |  |                       |                  |   |                      |  |
| Date  |   |                 |                      | College St  | aff Signature                                  |                       | Spol             | and Sign  | nature of            |  |
|       |   |                 |                      | College St  | College Staff Signature                        |                       |                  | Seal and Signature of Principal/HOD/Chairperson |                      |  |



#### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of

Principal/HOD/Chairperson



Examination form No.: Eligibility Status: PRN: Division/Section: Roll No .: 095195 2017016401264672 В 121 Eligible Instruction Medium: Nationality: India Student's Personal Information Student's Name: **NEETU MAHENDRA SHAH** Mother's Name: MANJULA Gender: Female Name in Vernacular Language: नीत् महेंद्र शाह Address: 122/B Dutta Mandir First floor, Room no. 28 City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400002 Telephone no.: 24372108 Mobile no: 919920331446 Email: neetushah1999@gmail.com DOB: May 02, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668755 (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 86001 Th-UA [];Th-CA [] Operation Research 86004 Th-UA [ ] ;Th-CA [ ] 2 HRM in Global Perspective \_\_\_ Th-UA [ ] ;Th-CA [ ] 3 86010 HRM in Service Sector Management 4 86016 Human Resource Accounting and Audit Th-UA[];Th-CA[] 5 86019 Indian Ethos in Management Th-UA [ ] ;Th-CA [ ] UBMSFSVI.5 Project Work Pw-UA []:Pw-CA [] Convocation Fee Exam Form Late Fee Exam Form Super Late Fee **Examination Fees** Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: MICR No: DD Date: DD No: 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:



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

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Seal and Signature of Principal/HOD/Chairperson

| PRN: Eli                                    |  | Eligi   | ibility Status: Examination form No.: 095196 |  | ı No.:                  | Division/Section: R |                | Roll No.: | :       | - Bino               |
|---|--|---|--|--|-------------------------|---------------------|----------------|-----------|---------|----------------------|
|   | 2017016401264687                               |   | Eligible                                     |  | II                      | Α                   |                | 23        |         |                      |
| Instr                                       | uction Medium:                                 | •   |  |  |                         | Nationality:        | Indi           | а         | -       |                      |
|   |  |   |  | Student's Perso                                      | nal Informati           | on                  |                |           |         |                      |
| Stud  | ent's Name: JAIN P                             | REKSHA PR                                       | AVEEN  |  |                         | Mother's Nar        | me: DEEPIk     | (A        | C       | Gender: Female       |
| Nam   | e in Vernacular Langua                         | ge:प्रेक्षा                                     |  |  |                         |                     |                |           |         |                      |
| Addr  | ess: sankeshwar co op                          | erative housi                                   | ng society 3 rd floo                         | or flat no-302 gokul naga                            | ar                      |                     |                |           |         |                      |
| City:                                       | BHIWANDI, Taluka: Bh                           | niwandi, Distr                                  | ict: Thane, State: I                         | Maharashtra, PIN: 4213                               | 08                      |                     |                |           |         |                      |
| Tele  | phone no.: 254064                              |   | Mob  | ile no: 918554827332                                 |                         |                     | Email : pre    | kshajain1 | 1235@ც  | gmail.com            |
|   | 3: Jun 19, 2000                                |   | egory: Open                                  |  | Physically Handicap: No |                     |                |           |         |                      |
|   | ious Latest Examination                        |   | n IV(Regular-Rev1                            | (6)  | Exam Even               | t: Apr-2019         |                | Seat I    | No: 066 | 88671 (Status: Pass) |
|   | kam form appearance type: Fresher              |   |  |  |                         |                     |                |           |         |                      |
|   | I I  | se select Pa                                    | per details which y                          | ou want to appear ( UA                               | - University A          | Assessment,C/       | A - College م  | Assessme  | ent)    |                      |
| SN  | Paper Code                                     |   |  | Paper Name   |                         |                     |                |           |         | AM - AT              |
| 1   |  | Operation Re                                    |  |  |                         |                     |                | Th-UA     | [];Th-( | CA[]                 |
| 2   |  | Brand Mana                                      |  |  |                         | Th-UA [] ;Th-CA []  |                |           |         |                      |
| 3 86006 Retail Management Th-UA [];Th-CA [] |  |   |  |  |                         |                     |                |           |         |                      |
| 4   |  |   | ternational Marketing Th-UA [];Th-CA []      |  |                         |                     |                |           |         |                      |
| 5   |  | Media Planning and Management Th-UA [];Th-CA [] |  |  |                         |                     |                |           |         |                      |
| 6   |  | Project Work                                    | 1  |  |                         |                     |                |           | \[];Pw  |                      |
|   | vocation Fee                                   |   | Exam Form Late                               | Fee  | Exam Form               | Super Late Fe       | е              | Exam      | ination | Fees                 |
| Mark  | Statement Fee                                  |   | Total:                                       |  |                         |                     |                |           |         |                      |
| Payr  | ment Details:                                  | mount Recei                                     | ived:  | Coll   | ege Receipt             | No. and Date:       |                |           |         |                      |
| DD N  | No:  |   | MICR No:                                     |  | DD Date:                |                     |                | Bank:     |         |                      |
| Cent  | er Preference (Code/Na                         | ame):   |  |  |                         |                     |                | •         |         |                      |
| Venu  | ue Preference (Code/Na                         | ame):   |  |  |                         |                     |                |           |         |                      |
| To, 1                                       | The Controller of Exami                        | nation,   |  |  |                         |                     |                | ı         | Place:  | Vidyavihar           |
|   |  |   |  | nination. I have remitted                            |                         |                     |                |           | Data    |                      |
|   |  |   |  | complete and correct to<br>ibed for the examination  |                         |                     |                | Ľ         | Date:   |                      |
| requ  | est for any special conc                       | ession such                                     | as change in time                            | or day fixed for universit                           | y Examination           | on etc. on religi   | ious or any    |           |         |                      |
|   | r ground. I understand t<br>elled or rejected. | hat in the eve                                  | ent of any informati                         | on being found false or                              | incorrect, my           | candidature is      | s liable to be | •         |         |                      |
| canc  | Student's Signature                            |   |  |  |                         |                     |                |           |         |                      |
| Decl  | aration by Principal/HO                        | D/Chairperso                                    | on   |  |                         |                     |                |           |         |                      |
| resp  |  | ectification of                                 | the information. H                           | / me. The information pr<br>e/she is regular student |                         |                     |                |           |         |                      |
| Plac  | ice:   |   |  |  |                         |                     |                |           |         |                      |



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of Principal/HOD/Chairperson

| PRN: Eli   |  | ibility Status: Examination form No.: 095197 |                      | Division/Section:         | Roll No        | 0.:                 | The same       |                   |                      |  |
|--|--|--|----------------------|---------------------------|----------------|---------------------|----------------|-------------------|----------------------|--|
|  | 2017016401264695   |  | Eligible             |                           | III            | С                   | 159            |                   | V                    |  |
| Instr  | uction Medium:   |  | -                    |                           |                | Nationality:        | India          |                   |                      |  |
|  |  |  |                      | Student's Pers            | onal Informati | ion                 |                |                   |                      |  |
| Stud   | ent's Name: BRAHN  | /IBHATT PAF                                  | RTH JAYESH           |                           |                | Mother's Name: N    | IINAL          | C                 | Gender: Male         |  |
| Nam  | e in Vernacular Langua   | ige:પાર્થ જયેશ                               | ા બ્રહ્મભક           |                           |                |                     |                |                   |                      |  |
| Addr   | ess: 17/18 KRISHNA K   | CUNJ 1 SANC                                  | GHANI ESTATE,L.I     | B.S MARG GHATKOPA         | AR(WEST), M    | UMBAI-400086        |                |                   |                      |  |
| City:  | MUMBAI, Taluka: Kurl   | a, District: Mu                              | umbai Suburban, S    | tate: Maharashtra, PIN    | : 400086       |                     |                |                   |                      |  |
| Tele   | phone no.:   |  | Mob                  | ile no: 917045342665      |                | Ema                 | il: parthbhatt | 92@gma            | nil.com              |  |
| DOB  | 3: Feb 22, 2000  | Ca   | tegory: Open         |                           | Physically     | Handicap: No        |                |                   |                      |  |
| Prev   | ious Latest Examination  | n Details: Se                                | m IV(Regular-Rev1    | (6)                       | Exam Even      | t: Apr-2019         | Sea            | at No: 066        | 68595 (Status: Pass) |  |
| Exar   | am 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  | ollege Assess  | ment)             |                      |  |
| SN   | Paper Code   |  |                      | Paper Name                | Paper Name     |                     |                |                   | AM - AT              |  |
| 1  | 86001  | Operation Re                                 | esearch              |                           |                |                     |                | JA [ ] ;Th-       |                      |  |
|  |  |  |                      |                           |                |                     |                | Th-UA [];Th-CA [] |                      |  |
| 3         86008         Project Management         Th-UA [];Th-CA [] |  |  |                      |                           |                |                     |                | ·CA[]             |                      |  |
| 4  | 86011  | Strategic Fin                                | ancial Managemer     | nt                        |                |                     | Th-U           | JA [ ] ;Th-       | ·CA[]                |  |
| 5  |  |  |                      |                           |                |                     |                |                   |                      |  |
| 6  | UBMSFSVI.5   | Project Work                                 | (                    |                           |                |                     | Pw-l           | JA [ ] ;Pw        | /-CA[]               |  |
| Con  | vocation Fee   |  | Exam Form Late       | Fee                       | Exam Form      | Super Late Fee      | Exa            | amination         | Fees                 |  |
| Mark   | Statement Fee  |  | Total:               |                           |                |                     |                |                   |                      |  |
| Davr   | ment Details:  | Amount Rece                                  | ivod:                | Col                       | llogo Posoint  | No. and Date:       |                |                   |                      |  |
| DD N   |  | Amount Nece                                  | MICR No:             | Col                       | DD Date:       | INO. and Date.      | Ban            | k:                |                      |  |
|  | ter Preference (Code/N   | ame).  | IVIICIT NO.          |                           | DD Date.       |                     | Dan            | N.                |                      |  |
|  | ue Preference (Code/Na   |  |                      |                           |                |                     |                |                   |                      |  |
|  | The Controller of Exami  |  |                      |                           |                |                     |                | I <sub>DI</sub>   | V P. d               |  |
| •  | uest permission to pres  | •  | r the ensuing exan   | nination. I have remitted | the prescrib   | ed fee for the same | I herehy       | 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:             |                      |  |
|  | e gone through the sylla<br>est for any special cond   |  |                      |                           |                |                     |                | -                 |                      |  |
|  | r ground. I understand t   |  |                      |                           |                |                     |                |                   |                      |  |
| cano   | ncelled or rejected. Student's Signature   |  |                      |                           |                |                     |                |                   |                      |  |
| Decl   | elaration by Principal/HOD/Chairperson   |  |                      |                           |                |                     |                |                   |                      |  |
| This resp  | form is carefully scrutinized by 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 se/term work (if any) according to university rules. |  |                      |                           |                |                     |                |                   |                      |  |
| Plac   | lace:  |  |                      |                           |                |                     |                |                   |                      |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|  | PRN:  | Eligi           | bility Status:      | Examination<br>0951     |   | Division/Section:     | Roll No  | ).:                   | -                    |  |
|--|---|-----------------|---------------------|-------------------------|---|-----------------------|--|-----------------------|----------------------|--|
|  | 2017016401264706  |                 | Eligible            |                         |   | С                     | 163  |                       | 2                    |  |
| Instr  | uction Medium:  |                 |                     |                         |   | Nationality:          | India  |                       |                      |  |
|  |   |                 |                     | Student's P             | ersonal Informati                             | on                    |  |                       |                      |  |
| Stud   | ent's Name: GALA  | JENIL ARVIN     | D                   |                         |   | Mother's Name: A      | NITA   | (                     | Gender: Male         |  |
| Nam  | e in Vernacular Langua  | ige:ગાલા જેની   | ાલ અરવિંદ           |                         |   |                       |  |                       |                      |  |
| Addr   | ess: 3,gaurav niwas Pa  | tharli road G   | ograsswadi          |                         |   |                       |  |                       |                      |  |
| City:  | dombivli, Taluka: Kalya   | an, District: T | hane, State: Maha   | rashtra, PIN: 42120     | 1   |                       |  |                       |                      |  |
| Tele   | phone no.:  |                 | Mot                 | ile no: 9199691020      | o: 919969102066 Email : jenilgala74@gmail.com |                       |  |                       |                      |  |
| DOB  | : May 09, 1999  | Cat             | egory: Open         |                         | Physically                                    | Handicap: No          |  |                       |                      |  |
| Prev   | ious Latest Examinatio  | n Details: Ser  | m IV(Regular-Rev    | 16)                     | Exam Even                                     | t: Apr-2019           | Sea  | t No: 066             | 68599 (Status: Pass) |  |
| Exar   | n form appearance type  | e: Fresher      |                     |                         |   |                       |  |                       |                      |  |
| Pape   | er Details: Plea  | ise select Pa   | per details which y | ou want to appear (     | UA - University A                             | Assessment,CA - Co    | llege Assessr                                      | ment)                 |                      |  |
| SN   | Paper Code  |                 |                     | Paper Na                | Paper Name                                    |                       |  |                       | AM - AT              |  |
| 1  | 86001   | Operation Re    | esearch             |                         | -   |                       |  |                       | ·CA[]                |  |
| 2  | 86002   | International   | Finance             |                         |   |                       | Th-U   | A [ ] ;Th-            | ·CA[]                |  |
| 3  | 86008   | Project Mana    | gement              | 7                       |   |                       |  | Th-UA [];Th-CA []     |                      |  |
| 4 86011 Strategic Financial Management       |   |                 |                     |                         |   |                       |  | A [ ] ;Th-            | ·CA[]                |  |
| 5 86017 Indirect Taxes Th-UA [];Th-CA []     |   |                 |                     |                         |   |                       |  | ·CA[]                 |                      |  |
| 6 UBMSFSVI.5 Project Work Pw-UA [] ;Pw-CA [] |   |                 |                     |                         |   |                       |  | /-CA[]                |                      |  |
| Conv   | ocation Fee   |                 | Exam Form Late      | Fee                     | Exam Form                                     | Super Late Fee        | Exa  | mination              | Fees                 |  |
| Mark   | Statement Fee   |                 | Total:              |                         |   |                       |  |                       |                      |  |
| Davr   | nent Details:   | Amount Recei    | ived:               |                         | College Receipt                               | No. and Date:         |  |                       |                      |  |
| DD N   |   | anount reces    | MICR No:            |                         | College Receipt No. and Date:  DD Date:       |                       |  | ··                    |                      |  |
|  | er Preference (Code/N   | ame).           | IMIOIT INO.         |                         | DD Date.                                      |                       | Bank   | ١.                    |                      |  |
|  | ue Preference (Code/N   |                 |                     |                         |   |                       |  |                       |                      |  |
|  | The Controller of Exami   | ,               |                     |                         |   |                       |  | Place:                | Vidyavihar           |  |
|  | uest permission to pres   |                 |                     |                         |   |                       |  |                       |                      |  |
|  | are that all statement m<br>gone through the sylla  |                 |                     |                         |   |                       |  | Date:                 |                      |  |
|  | est for any special cond  |                 |                     |                         |   |                       |  |                       |                      |  |
|  | r ground. I understand  | that in the eve | ent of any informat | ion being found fals    | e or incorrect, my                            | candidature is liable | e to be  |                       |                      |  |
| 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. |                 |                     |                         |   |                       |  |                       |                      |  |
| Plac   | e:  |                 |                     |                         |   |                       |  |                       |                      |  |
| Date   | :   |                 |                     |                         |   |                       | _  | Cool and Cignoture of |                      |  |
|  |   |                 | College             | College Staff Signature |   |                       | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|                  | PRN:   | Eligi            | bility Status:       | Examination f<br>09519 |                    | Division/Section:     | Roll No        | D.:                  |                            |  |
|------------------|--|------------------|----------------------|------------------------|--------------------|-----------------------|----------------|----------------------|----------------------------|--|
|                  | 2017016401264714   |                  | Eligible             |                        | -                  | Α                     | 35             |                      |                            |  |
| Instr            | uction Medium:   |                  |                      |                        |                    | Nationality:          | India          |                      |                            |  |
|                  |  |                  |                      | Student's Pe           | ersonal Informati  | on                    |                |                      |                            |  |
| Stud             | ent's Name: <b>MAHE</b>  | TA RIDDHI R      | AMESH BHAI           |                        |                    | Mother's Name: V      | ARSHA BEN      | (                    | Gender: Female             |  |
| Nam              | e in Vernacular Langu  | age:રીધી મહેત    | u                    |                        |                    |                       |                |                      |                            |  |
| Addr             | ess: Shroff bldg no1 2   | nd floor room    | no 15/16 Gokhale     | road dadar Mumbai      | 400025             |                       |                |                      |                            |  |
| City:            | Dadar, Taluka: Mumb  | ai, District: Mu | ımbai City, State: I | Maharashtra, PIN: 40   | 00025              |                       |                |                      |                            |  |
| Tele             | ohone no.: 022   |                  | Mob                  | ile no: 91916726343    | 35                 | Emai                  | l : riddhim733 | 3@gmail.             | com                        |  |
| DOB              | : Dec 10, 1999   | Cat              | tegory: Open         |                        | Physically         | Handicap: No          |                |                      |                            |  |
|                  | ious Latest Examination  |                  | m IV(Regular-Rev     | (6)                    | Exam Even          | t: Apr-2019           | Sea            | t No: 066            | 88683 (Status: Pass)       |  |
|                  | n form appearance typ  |                  |                      |                        |                    |                       |                |                      |                            |  |
| Pape             |  | ase select Pa    | per details which y  | ou want to appear ( l  |                    | Assessment,CA - Co    | llege Assessi  | Assessment)          |                            |  |
| SN               | Paper Code   |                  |                      | Paper Nan              | ne                 |                       |                |                      | AM - AT                    |  |
| 1                | 86001  | Operation Re     |                      |                        |                    |                       |                | A [ ] ;Th-           |                            |  |
| 2                | 86003  | Brand Manag      |                      |                        |                    |                       |                |                      | CA[]                       |  |
| 3                | 86006  | Retail Manag     |                      |                        |                    |                       |                | Th-UA [ ] ;Th-CA [ ] |                            |  |
| 4                | 86009  | International    |                      |                        |                    |                       |                | A [ ] ;Th-           |                            |  |
| 5                | 86012  |                  | ing and Managem      | ent                    |                    |                       |                | A [ ] ;Th-           |                            |  |
| 6                | UBMSFSVI.5   | Project Work     |                      |                        |                    |                       | <del>'</del>   | JA [ ] ;Pw           |                            |  |
|                  | vocation Fee   |                  | Exam Form Late       | Fee                    | Exam Form          | Super Late Fee        | Exa            | mination             | Fees                       |  |
| Mark             | Statement Fee  |                  | Total:               |                        |                    |                       |                |                      |                            |  |
| Payr             | nent Details:  | Amount Recei     | ived:                | (                      | College Receipt    | No. and Date:         |                |                      |                            |  |
| DD N             | lo:  |                  | MICR No:             |                        | DD Date:           |                       | Banl           | K:                   |                            |  |
| Cent             | er Preference (Code/N  | lame):           |                      |                        |                    |                       |                |                      |                            |  |
|                  | ie Preference (Code/N  |                  |                      |                        |                    |                       |                |                      |                            |  |
|                  | he Controller of Exam  |                  |                      |                        |                    |                       |                | Place:               | Vidyavihar                 |  |
| decla            | uest permission to pres<br>are that all statement n<br>gone through the sylla      | nade in this ap  | plication are true,  | complete and correc    | t to the best of n | ny knowledge and be   | elief. I       | Date:                |                            |  |
| requ<br>othe     | est for any special con<br>ground. I understand                                    | cession such     | as change in time    | or day fixed for unive | ersity Examination | n etc. on religious o | any            |                      |                            |  |
| canc             | elled or rejected.   |                  |                      |                        |                    |                       |                | St                   | udent's Signature          |  |
| Decl             | aration by Principal/HC  | DD/Chairperso    | on                   |                        |                    |                       |                |                      |                            |  |
| resp             | form is carefully scruti<br>onsibility of fulfillment/i<br>se/term work (if any) a | rectification of | the information. H   |                        |                    |                       |                |                      |                            |  |
| Place            | <b>ə</b> :   |                  |                      |                        |                    |                       |                |                      |                            |  |
| Date: College St |  |                  |                      |                        | Staff Signature    |                       |                | and Sigr             | nature of<br>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.

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

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|        | PRN:  | Eligi           | bility Status:       | Examination form<br>095200   | m No.:                                       | Division/Section:                            | Roll No  | ).:                  | Duchi   |  |
|--------|---|-----------------|----------------------|--|--|--|--|----------------------|---|--|
| :      | 2017016401264722  |                 | Eligible             |  | <u>                                     </u> | С  | 102  | _                    |   |  |
| Instru | uction Medium:  |                 | -                    |  |  | Nationality:                                 | India  |                      |   |  |
|        |   |                 |                      | Student's Pers   | onal Informati                               | on   |  |                      |   |  |
| Stud   | ent's Name: LUNKA   | AD RUCHI BH     | IARAT                |  |  | Mother's Name: IN                            | IDIRADEVI  | (                    | Gender: Female                                |  |
| Nam    | e in Vernacular Langua  | age:लुंकड रुची  | भारत                 |  |  |  |  |                      |   |  |
|        | ess: shiv parvati buildir<br>nd,maheshpark,gokuln                               |                 |                      | sh park,gokulnagar,bhi   | wandi shiv pa                                | rvati building,near cl                       | nallenge   |                      |   |  |
| City:  | MUMBAI, Taluka: Bhiv  | wandi, District | : Thane, State: Ma   | harashtra, PIN: 421308   | 8  |  |  |                      |   |  |
| Telep  | ohone no.:  |                 | Mob                  | ile no: 919096687387   |  | Ema  | il : ruchij9988(                                   | @gmail.              | com   |  |
| DOB    | : May 28, 1999  | Cat             | egory: Open          |  | Physically                                   | Handicap: No                                 |  |                      |   |  |
| Previ  | ious Latest Examinatio  | n Details: Ser  | n IV(Regular-Rev1    | 6)   | Exam Ever                                    | t: Apr-2019                                  | Sea  | t No: 066            | 68611 (Status: Pass)                          |  |
| Exan   | n form appearance type  | e: Fresher      |                      |  |  |  |  |                      |   |  |
| Pape   | er Details: Plea  | ase select Pa   | per details which yo | ou want to appear ( UA   | - University A                               | Assessment,CA - Co                           | llege Assessr                                      | ment)                |   |  |
| SN     | Paper Code  |                 |                      | Paper Name   |  |  |  |                      | AM - AT                                       |  |
| 1      | 86001   | Operation Re    | esearch              |  |  |  | Th-U   | A [ ] ;Th-           | ·CA[]   |  |
| 2      | 86002   | International   | Finance              |  |  |  | Th-U   | A [ ] ;Th-           | ·CA[]   |  |
| 3      | 86008   | Project Mana    | gement               |  |  |  | Th-U   | Th-UA [];Th-CA []    |   |  |
| 4      | 86011   | Strategic Fin   | ancial Managemen     | t  |  |  | Th-U   | A [ ] ;Th-           | ·CA[]   |  |
| 5      | 86017   | Indirect Taxe   | s                    |  |  |  |  | A [ ] ;Th-           | ·CA[]   |  |
| 6      | UBMSFSVI.5  | Project Work    |                      |  |  |  |  | IA [];Pw             | /-CA[]  |  |
| Conv   | ocation Fee   |                 | Exam Form Late I     | -ee  | ee Exam Form Super Late F                    |  |  | mination             | Fees  |  |
| Mark   | Statement Fee   |                 | Total:               |  |  |  |  |                      |   |  |
| _      |   |                 |                      |  |  | N 15.  |  |                      |   |  |
|        |   | Amount Recei    |                      | Col  |  | No. and Date:                                | ln i   | T                    |   |  |
| DD N   |   | 1               | MICR No:             |  | DD Date:                                     |  | Bank   | C:                   |   |  |
|        | er Preference (Code/N   | <u> </u>        |                      |  |  |  |  |                      |   |  |
|        | e Preference (Code/N  |                 |                      |  |  |  |  | 1                    |   |  |
|        | he Controller of Exam   |                 |                      | de altre de la companya de la companya de la companya de la companya de la companya de la companya de la compa | d (1)  |  | 1.1 1.   | Place:               | Vidyavihar                                    |  |
| decla  | are that all statement m  | nade in this ap | plication are true,  | nination. I have remitted<br>complete and correct to<br>bed for the examination                                | o the best of n                              | ny knowledge and b                           | elief. I   | Date:                |   |  |
| reque  | est for any special cond  | cession such    | as change in time o  | or day fixed for universion being found false or   | ity Examination                              | on etc. on religious o                       | r any  |                      |   |  |
| canc   | elled or rejected.  |                 |                      |  |  |  |  | St                   | udent's Signature                             |  |
| Deck   | aration by Principal/HC   | D/Chairperso    | on                   |  |  |  |  |                      |   |  |
| respo  | form is carefully scrutionsibility of fulfillment/r<br>se/term work (if any) ac | ectification of | the information. He  | me. The information pe/she is regular studen   | orinted in the f<br>t of this Colle          | orm is correct to the<br>ge and has complete | best of my kned the required                       | owledge<br>d attenda | e. I also undertake the<br>ance and practical |  |
| Place  | <b>ə</b> :  |                 |                      |  |  |  |  |                      |   |  |
| Date   | <u> </u>  |                 |                      |  |  |  |  |                      |   |  |
| Date.  |   |                 |                      | College Staff Signature  |  |  | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status:                    |   |                 |                     | Examination for 09520 |                  | Division/Section:   | Roll No        | ).:                  | Ladre_              |  |
|---|---|-----------------|---------------------|-----------------------|------------------|---------------------|----------------|----------------------|---------------------|--|
|   | 2017016401264737  |                 | Eligible            |                       |                  | В                   | 88             |                      | Fadur               |  |
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| Stud  | lent's Name: JADHA  | V PRADNYA       | PRAKASH             |                       |                  | Mother's Name: SI   | HITAL          | (                    | Gender: Female      |  |
| Nam   | ne in Vernacular Langua   | ige:जाधव प्रज   | ा प्रकाश            |                       |                  |                     |                |                      |                     |  |
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| City:                                       | DOMBIVLI, Taluka: Ka  | lyan, District: |                     |                       |                  |                     |                |                      |                     |  |
| Tele  | phone no.:  |                 | Mot                 | oile no: 91771507849  | 7                | Emai                | l : jadhavsuyo | og143@g              | gmail.com           |  |
| DOE   | 3: Oct 07, 1998   | Cat             | tegory: Open        |                       | Physically       | Handicap: No        |                |                      |                     |  |
|   | rious Latest Examination  |                 | n IV(Regular-Rev    | 16)                   | Exam Ever        | t: Apr-2019         | Seat           | t No: 910            | 0099 (Status: Pass) |  |
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| 2   | 86004   | HRM in Glob     | al Perspective      | 7                     |                  |                     |                | A [ ] ;Th-           | ·CA[]               |  |
| 3   |   |                 | ice Sector Manage   |                       |                  |                     | Th-U           | Th-UA [ ] ;Th-CA [ ] |                     |  |
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| 6   | UBMSFSVI.5  | Project Work    |                     |                       |                  |                     | Pw-U           | IA [ ] ;Pw           | /-CA[]              |  |
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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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| Student's Name: MAURYA RAVISHANKAR GOPINATH Mother's Name: GEETA Gender: Male  Name in Vernacular Language अर्गेचाँ रविशंकर काणेकार  Address: Near Old Barrack T41 Indira Nagar Chembur Colony  City Mumbai, Taluka: Kurla, District: Mumbai Subuuban, State: Maharashtra, PIN: 400074  Telephone no.: Mobile no: 917045017642 Email: ravimaurya0432@gmail.com  Dolls: Jun 15, 2000 Category: Open Previous Lates Examination Details: Sem Iv(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668613 (Status: Pass)  Exam form appearance type: Fresher  Paper Datails: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment)  No Paper Code Paper Management Paper Name AM - AT Th-UA [] :Th-CA []  Resolution of the International Finance Th-UA [] :Th-CA []  Resolution of the International Finance Th-UA [] :Th-CA []  Besolution of the International Finance Th-UA [] :Th-CA []  Mostile Th-UA []  |        |                             |                  |                     |                         |                    |                       |  |                   |                     |  |
|--|--------|-----------------------------|------------------|---------------------|-------------------------|--------------------|-----------------------|--|-------------------|---------------------|--|
| Instruction Medium:  Student's Personal Information  Mobile or Name: GEETA Gender: Maile  Maddress: Near Cld Barrack T-41 Indira Nagar Chembur Colony  City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074  Telephone no. Mobile no: 917045017642 Email: ravimaurya0432@gmail.com  DoB: Jun 15, 2000 Category: Open Physically Handicap: No  Perevious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0688613 (Status: Pass)  Exam Form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)  SN Paper Code Paper Name AM - AT  1 86001 Operation Research  1 86002 International Finance  1 86001 Operation Research  1 86001 Project Management  1 1 1 86001 Operation Research  1 86001 Indirect Taxes  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |        | PRN:                        | Eligi            | bility Status:      |                         |                    | Division/Section:     | Roll No  | ).:               | Dani'               |  |
| Student's Personal Information  Student's Personal Information  Student's Personal Information  Student's Personal Information  Mother's Name: GEETA Gender: Male  Name in Vernacular Language-xilidr (19ters virid)nity  Address: Near Old Barrack T-41 Indira Nagar Chembur Colony  City; Mumbai, Taltuka: Kurila, District: Mumbai Suburban. State: Maharashtra, PIN: 400074  Telephone no: Mobile no: 917045017542 Email: revimisurya0432@gmail.com  DOB: Jun 15, 2000 Category: Open Physically Handicap: No  Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668613 (Status: Pass)  Exam form appearance type: Fresher  Paper Details: Pleses select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)  SN Paper Code Paper Name AM - AT  1 86001 Operation Research  1 18-8001 International Finance  Th-UA [] :Th-CA []  3 86002 International Finance  Th-UA [] :Th-CA []  5 86011 Strategic Financial Management  Th-UA [] :Th-CA []  5 86011 Midrect Taves  6 UBMSFSVI.5 Project Work  Th-UA [] :Th-CA []  6 UBMSFSVI.5 Project Work  Do Date: Exam Form Late Fee Exam Form Super Late Fee Examination Fees  Mark Statement Fee Total:  DO No: DD Date: Bank:  Payment Details: Amount Received: College Receipt No. and Date:  DD No: MICR No: DD Date: Bank:  Payment Details: Amount Received: College Receipt No. and Date:  DD No: MICR No: DD Date: Bank:  Payment Details: Amount Received: College Receipt No. and Date:  DD No: DD Date: Bank:  Payment Details: Amount Received: College Receipt No. and Date:  DD No: DD Date: Bank:  Payment Details: Amount Received: College Receipt No. and Date:  DD No: DD Date: Bank:  Payment Details: Amount Received: College Receipt No. and Date:  DD No: DD Date: Bank:  Payment Details: Amount Received: College Staff Signature Standard North Received: Student's Signature Date:  Student's Signature  Declaration by Principal/HOD/Chalprepron  Flace: Vidyavihar Date:  Student's Signature Date: Student's Signature of Payment Received: Student's Signature  | 2      | 2017016401264745            |                  | Eligible            |                         |                    | С                     | 177  |                   | Ravi                |  |
| Student's Name: MAURYA RAVISHANKAR GOPINATH Mother's Name: GEETA Gender: Male Name in Vernacular Language और देशिक्ट को पोनिमार Address: Near Old Barrack T-41 Indira Nagar Chembur Colony City, Mumbal, Taluka: Kurla, District: Mumbal Suburban, State: Maharashtra, PIN: 400074 Telephone no.: Mobile no: 917045017642  DDB: Jun 15, 2000 Category: Open Previous Lates Examination Details: Sem Iv(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0688613 (Status: Pass) Exam form appearance type: Fresher Perpor Datails: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)  No Paper Code Paper details which you want to appear (UA - University Assessment, CA - College Assessment)  No Paper Code Paper Mama Paper Name AM - AT Th-UA [] :Th-CA []  No Report Code Paper Management Th-UA [] :Th-CA []  No Report Management Th-UA [] :Th-CA []  No Report Management Th-UA [] :Th-CA []  No Report Management Th-UA [] :Th-CA []  Second Project Management Th-UA [] :Th-CA []  Mobile not appear Name Am Th-UA [] :Th-CA []  Mobile not appear Name  | Instru | uction Medium:              |                  |                     |                         |                    | Nationality:          | India  |                   |                     |  |
| Student's Name: MAURYA RAVISHANKAR GOPINATH Mother's Name: GEETA Gender: Male  Name in Vernacular Language.**Tait* faithars ritifiants  City: Mumbai: Talukas: Kurla, District: Mumbai Sububran. State: Maharashtra. PiN: 400074  Telephone no.: Mobile no: 917045017642 Email: ravimaurya0432@gmail.com  DoB: Jun 15, 2000 Category: Open Physically Handicap: No  Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668613 (Status: Pass)  Exam form appearance type: Fresher  Paper Potatis: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)  SN Paper Code Paper of tetals: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)  SN Paper Code Paper Name Th-UA[]:Th-CA[]  1 86001 Operation Research Th-UA[]:Th-CA[]  3 86002 International Finance Th-UA[]:Th-CA[]  4 86011 Strategic Financial Management Th-UA[]:Th-CA[]  5 86017 Indirect Taxes Th-UA[]:Th-CA[]  5 86017 Indirect Taxes Th-UA[]:Th-CA[]  Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees  Mark Statement Fee Total: Do Date: Bank: Center Preference (Code/Name):  Venue Preference (Code/Name):  Venue Preference (Code/Name):  To, The Controller of Examination.  This department of the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I paper group of the evanination of the information being found false or incorrect, my candidature is liable to be sancelled or rejected.  College Staff Signature Seal and Signature of   |        |                             |                  |                     | Student's Pe            | ersonal Informati  | ,                     |  |                   |                     |  |
| Address: Near Old Barrack T-41 Indira Nagar Chembur Colony  Citry, Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074  Telephone no.:    Mobile no: 917045017642   Email: ravimaurya0432@gmail.com   Previous Latest Examination Details: Sem IV(Regular-Rev16)   Exam Event: Apr-2019   Seat No: 0668613 (Status: Pass)   Previous Latest Examination Details: Sem IV(Regular-Rev16)   Exam Event: Apr-2019   Seat No: 0668613 (Status: Pass)   Pass select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)   SN   Paper Code   Paper Name   AM - AT     1   86001   Operation Research   Paper Name   AM - AT     1   86001   Operation Research   Th-UA[]:Th-CA[]     3   86008   Project Management   Th-UA[]:Th-CA[]     4   86011   Strategic Financial Management   Th-UA[]:Th-CA[]     5   86017   Indirect Taxes   Th-UA[]:Th-CA[]     6   UBMSFSVI.5   Project Work   Payer Name   Exam Form Super Late Fee   Examination Fees     DN No:   DN Date:   Exam Form Super Late Fee   Examination Fees     DN No:   MICR No:   DD Date:   Bank:     Center Preference (Code/Name):   Venue Preference (Code/ | Stude  | ent's Name: MAUR            | YA RAVISHA       | NKAR GOPINATH       |                         |                    | 1                     | EETA   | (                 | Gender: Male        |  |
| City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074  Telephone no.: Mobile no: 917045017642 Email: ravimaurya0432@gmail.com  DOB: Jun 15, 2000 Category: Open Physically Handicap: No  Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668613 (Status: Pass)  Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)  SN Paper Code Paper Name AM - AT  1 86001 Operation Research Paper Name AM - AT  1 86002 International Finance Th-UA []:Th-CA []  3 86008 Project Management Th-UA []:Th-CA []  3 86008 Project Management Th-UA []:Th-CA []  4 86011 Strategic Financial Management Th-UA []:Th-CA []  5 86017 Indirect Taxes Th-UA []:Th-CA []  6 UBMSFSV1.5 Project Work Project Wor | Name   | e in Vernacular Langu       | age:मौर्या रविः  | शंकर गोपीनाथ        |                         |                    |                       |  |                   |                     |  |
| Telephone no.:   Mobile no: 917045017642   Email : ravimaurya0432@gmail.com   DOB: Jun 15, 2000   Category: Open   Physically Handicap: No   Previous Latest Examination Details: Sem IV(Regular-Rev16)   Exam Event: Apr-2019   Seat No: 0668613 (Status: Pass)   | Addre  | ess: Near Old Barrack       | T-41 Indira N    | agar Chembur Co     | ony                     |                    |                       |  |                   |                     |  |
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| 86008 Project Management Th-UA []:Th-CA [] 4 86011 Strategic Financial Management Th-UA []:Th-CA [] 5 86017 Indirect Taxes Th-UA []:Th-CA [] 6 UBMSFSVI.5 Project Work Project Work Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees Mark Statement Fee Total:  Convocation Fee Examination Fees Mark Statement Fee Do No: MICR No: DD Date: Bank: Center Preference (Code/Name): Venue Preference (Code/Name): Venue Preference (Code/Name): To, The Controller of Examination. To, The Controller of Examination. The special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.  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 fulfilliment/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.  College Staff Signature  College Staff Signature  Seal and Signature of  | 1      | 86001                       | Operation Re     | esearch             |                         |                    |                       | Th-U   | A [ ] ;Th-0       | CA[]                |  |
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| Th-UA[]:Th-CA[]  | 3      | 86008                       | Project Mana     | agement             |                         |                    |                       | Th-U   | A [ ] ;Th-0       | CA[]                |  |
| Gonvocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees  Mark Statement Fee Total:  Payment Details: Amount Received: College Receipt No. and Date:  DD No: MICR No: DD Date: Bank:  Center Preference (Code/Name):  Venue Preference (Code/Name):  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.  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.  College Staff Signature  Seal and Signature of   | 4      | 86011                       | Strategic Fin    | ancial Managemei    | nt                      |                    |                       |  | Th-UA [];Th-CA [] |                     |  |
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| Mark Statement Fee   | 6      | UBMSFSVI.5                  | Project Work     |                     |                         |                    |                       | Pw-U   | IA [ ] ;Pw        | -CA[]               |  |
| Payment Details:    DD No:   MICR No:   DD Date:   Bank:   | Conv   | ocation Fee                 |                  | Exam Form Late      | Fee                     | Exam Form          | Super Late Fee        | Exa  | mination          | Fees                |  |
| 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.  Declaration by Principal/HOD/Chairperson  This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.  Place:  College Staff Signature  Seal and Signature of  | Mark   | Statement Fee               |                  | Total:              |                         |                    |                       |  |                   |                     |  |
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| Center Preference (Code/Name):  Venue Preference (Code/Name):  To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.  Declaration by Principal/HOD/Chairperson  This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.  Place:  College Staff Signature  Seal and Signature of  |        |                             |                  | 1                   |                         |                    | ito. una Bato.        | Bank   | C:                |                     |  |
| 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.  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.  College Staff Signature  College Staff Signature  Seal and Signature of   |        |                             | lame):           |                     |                         | 1                  |                       | 1  |                   |                     |  |
| I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other 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:  College Staff Signature  College Staff Signature  Seal and Signature of  |        | •                           |                  |                     |                         |                    |                       |  |                   |                     |  |
| I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other 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:  College Staff Signature  Seal and Signature of   | To, T  | he Controller of Exam       | ination,         |                     |                         |                    |                       |  | Place:            | Vidyavihar          |  |
| have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other 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:  College Staff Signature  Seal and Signature of  |        |                             |                  |                     |                         |                    |                       |  | <u> </u>          |                     |  |
| request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other 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:  College Staff Signature  Seal and Signature of  |        |                             |                  |                     |                         |                    |                       |  | Date:             |                     |  |
| Student's Signature  Declaration by Principal/HOD/Chairperson  This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.  Place:  College Staff Signature  Seal and Signature of  |        |                             |                  |                     |                         |                    |                       |  |                   |                     |  |
| Declaration by Principal/HOD/Chairperson  This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.  Place:  College Staff Signature  Seal and Signature of   |        |                             | that in the eve  | ent of any informat | on being found false    | e or incorrect, my | candidature is liable | e to be  |                   |                     |  |
| This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.  Place:  College Staff Signature  College Staff Signature  Seal and Signature of  |        |                             |                  |                     |                         |                    |                       | udent's Signature                                  |                   |                     |  |
| responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.  Place:  College Staff Signature  Seal and Signature of   | Decla  | aration by Principal/HC     | DD/Chairperso    | on                  |                         |                    |                       |  |                   |                     |  |
| Place:  College Staff Signature  Seal and Signature of   | respo  | onsibility of fulfillment/r | rectification of | the information. H  |                         |                    |                       |  |                   |                     |  |
| Date:  College Staff Signature  Seal and Signature of  |        |                             |                  |                     |                         |                    |                       |  |                   |                     |  |
| College Staff Signature Seal and Signature of  | Place  | <b>:</b> :                  |                  |                     |                         |                    |                       |  |                   |                     |  |
| College Staff Signature Seal and Signature of  | Dato   |                             |                  |                     |                         |                    |                       |  |                   |                     |  |
| i illiquali lobi chaliberson   | Date:  |                             |                  |                     | College Staff Signature |                    |                       | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|        | PRN:                     | Eligi            | ibility Status:      | Examination form 095203                               |                    | Division/Section:    | Roll No          | n:         | T. Rob.                    |
|--------|--------------------------|------------------|----------------------|---|--------------------|----------------------|------------------|------------|----------------------------|
|        | 2017016401264753         |                  | Eligible             |   |                    | Α                    | 4                |            | 1                          |
| Instru | uction Medium:           |                  |                      |   |                    | Nationality:         | India            |            |                            |
|        |                          |                  |                      | Student's Pers  | onal Informati     | on                   |                  |            |                            |
|        |                          | A TEJAS DHA      |                      |   |                    | Mother's Name: K     | HIWARI           |            | Gender: Male               |
|        | e in Vernacular Langua   |                  |                      |   |                    |                      |                  |            |                            |
|        |                          |                  |                      | nase No 6 GB Road Th                                  | ane (West)         |                      |                  |            |                            |
|        | Thane, Taluka: Thane     | , District: Tha  |                      |   |                    |                      |                  |            |                            |
|        | phone no.:               |                  |                      | pile no: 919594208622                                 |                    |                      | il : bohratejas( | @gmail.d   | com                        |
|        | : Dec 05, 1999           | i                | tegory: Open         |   | <del>, ' ' '</del> | Handicap: No         |                  |            |                            |
|        | ious Latest Examinatio   |                  | m IV(Regular-Rev1    | 16)   | Exam Even          | t: Apr-2019          | Seat             | t No: 066  | 68653 (Status: Pass)       |
|        | n form appearance type   |                  |                      |   |                    |                      |                  |            |                            |
|        |                          | ase select Par   | per details which y  | ou want to appear ( UA                                |                    | Assessment,CA - Co   | Ilege Assessn    | nent)      |                            |
| SN     | Paper Code               |                  | <u> </u>             | Paper Name  | •                  |                      |                  |            | AM - AT                    |
| 1      | 86001                    | Operation Re     |                      |   |                    |                      |                  | A [ ] ;Th- |                            |
| 2      | 86003                    | Brand Manag      |                      |   |                    |                      | A [ ] ;Th-       |            |                            |
| 3      | 86006                    | Retail Manag     |                      |   |                    |                      | A [ ] ;Th-       |            |                            |
| 4      | 86009                    | International    |                      |   |                    |                      |                  | A [ ] ;Th- |                            |
| 5      | 86012                    |                  | ing and Manageme     | ent   |                    |                      |                  | A [ ] ;Th- |                            |
| 6      | UBMSFSVI.5               | Project Work     |                      | _   | T                  |                      |                  | IA [] ;Pw  |                            |
|        | ocation Fee              |                  | Exam Form Late       | Fee   | Exam Form          | Super Late Fee       | Exar             | mination   | Fees                       |
| Mark   | Statement Fee            |                  | Total:               |   |                    |                      |                  |            |                            |
| Pavn   | nent Details:            | Amount Recei     | ived:                | Co  | llege Receipt      | No. and Date:        |                  |            |                            |
| DD N   |                          |                  | MICR No:             |   | DD Date:           |                      | Bank             |            |                            |
|        | er Preference (Code/N    |                  |                      |   | 1                  |                      |                  |            |                            |
|        | ue Preference (Code/N    |                  |                      |   |                    |                      |                  |            |                            |
|        | The Controller of Exam   |                  |                      |   |                    |                      |                  | Place:     | Vidyavihar                 |
| l requ | uest permission to pre   | sent myself fo   | r the ensuing exar   | nination. I have remitted                             | d the prescribe    | ed fee for the same. | I hereby         |            | viayaviila.                |
| decla  | are that all statement m | nade in this ap  | pplication are true, | complete and correct to                               | o the best of m    | ny knowledge and b   | elief. I         | Date:      |                            |
|        |                          |                  |                      | ibed for the examination<br>or day fixed for universi |                    |                      |                  |            |                            |
| other  | r ground. I understand   |                  |                      | ion being found false or                              |                    |                      |                  |            |                            |
| canc   | elled or rejected.       |                  |                      |   |                    |                      |                  | St         | udent's Signature          |
| Deck   | aration by Principal/HC  | DD/Chairperso    | on                   |   |                    |                      |                  |            |                            |
| respo  |                          | rectification of | f the information. H | y me. The information p<br>le/she is regular studen   |                    |                      |                  |            |                            |
|        |                          |                  |                      |   |                    |                      | T                |            |                            |
| Place  | <b>э</b> :               |                  |                      |   |                    |                      |                  |            |                            |
|        |                          |                  |                      |   |                    |                      |                  |            |                            |
| Date:  |                          |                  |                      |   |                    |                      |                  |            |                            |
|        |                          |                  |                      | College Staff Signature                               |                    |                      |                  |            | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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'e-Suvidha' account on



|              | PRN:                     | Eligi                           | bility Status:                          | Examination form 095204                                    | No.:          | Division/Section:                                  | Roll No         |                  | . J           |  |
|--------------|--------------------------|---------------------------------|---|--|---------------|--|-----------------|------------------|---------------|--|
|              | 2017016401264761         |                                 | Eligible                                |  | l             | В  | 101             | 7                | ash.          |  |
| nstrı        | uction Medium:           |                                 |   |  |               | Nationality:                                       | India           | ·                |               |  |
|              |                          |                                 |   | Student's Person   | nal Informati | on   |                 |                  |               |  |
| Stud         | ent's Name: LAHO         | TI YASH SUS                     | HIL                                     |  |               | Mother's Name: S'                                  | WATI            | Gender: N        | √lale         |  |
| Nam          | e in Vernacular Langu    | age:YASH                        |   |  |               |  |                 |                  |               |  |
| Addr         | ess: UTTAM KOUSHA        | ALYA BIHARIL                    | _AL NAGAR JALN                          | 4  |               |  |                 |                  |               |  |
|              | JALNA, Taluka: Jalna     | , District: Jaln                | a, State: Maharash                      | tra, PIN: 431203   |               |  |                 |                  |               |  |
| Tele         | ohone no.: 235225        |                                 | Mob                                     | ile no: 919403599898                                       |               | Ema  | il : lahotiy98@ | gmail.com        |               |  |
|              | : Sep 15, 1999           |                                 | tegory: Open                            |  | Physically    | Handicap: No                                       |                 |                  |               |  |
| ⊃rev         | ious Latest Examination  | on Details: Sei                 | m IV(Regular-Rev1                       | 6)   | Exam Even     | t: Apr-2019  | Sea             | t No: 0668736 (S | tatus: Pass)  |  |
| Exan         | n form appearance typ    | e: Fresher                      |   |  |               |  |                 |                  |               |  |
| Pape         | r Details: Ple           | 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            | 86001                    | Operation Re                    | esearch                                 |  |               |  | Th-U            | A[];Th-CA[]      |               |  |
| 2            | 86004                    | HRM in Glob                     | al Perspective                          |  |               |  |                 | A[];Th-CA[]      |               |  |
| 3            | 86010                    | HRM in Serv                     | rice Sector Manage                      | ement  |               | Th-U   | A[];Th-CA[]     |                  |               |  |
| 4            | 86016                    | Human Reso                      | ource Accounting a                      | nd Audit   |               | Th-U   | A[];Th-CA[]     |                  |               |  |
| 5            | 86019                    | Indian Ethos                    | in Management                           |  |               |  | Th-U            | A [ ] ;Th-CA [ ] |               |  |
| 6            | UBMSFSVI.5               | Project Work                    | (                                       |  |               |  | Pw-U            | A [ ] ;Pw-CA [ ] |               |  |
| Conv         | ocation Fee              |                                 | Exam Form Late                          | Fee E  | Exam Form     | Super Late Fee                                     | Exa             | mination Fees    |               |  |
| Mark         | Statement Fee            |                                 | Total:                                  |  |               |  |                 |                  |               |  |
|              | .5."                     |                                 | . ,                                     | 0.11   | · ·           |  |                 |                  |               |  |
|              |                          | Amount Rece                     | T                                       |  |               | No. and Date:                                      | ١, ١            |                  |               |  |
| OD N         |                          |                                 | MICR No:                                |  | DD Date:      |  | Bank            | :                |               |  |
|              | er Preference (Code/N    |                                 |   |  |               |  |                 |                  |               |  |
|              | e Preference (Code/N     |                                 |   |  |               |  |                 |                  |               |  |
|              | he Controller of Exam    |                                 |   |  |               | 16 6 11  |                 | Place: Vidya     | <i>i</i> ihar |  |
| decla        | are that all statement n | nade in this ap                 | oplication are true,                    | nination. I have remitted t<br>complete and correct to t   | he best of n  | ny knowledge and be                                | elief. I        | Date:            |               |  |
|              |                          |                                 |   | ibed for the examination to<br>or day fixed for university |               |  |                 |                  |               |  |
| othei        | ground. I understand     |                                 |   | on béing found false or ír                                 |               |  |                 |                  |               |  |
| canc         | elled or rejected.       |                                 |   |  |               |  |                 | Student's S      | Signature     |  |
| Decla        | aration by Principal/H0  | OD/Chairperso                   | on                                      |  |               |  |                 |                  | Ü             |  |
| This<br>resp | form is carefully scruti | inized by the Crectification of | College staff and by the information. H | r me. The information prire/she is regular student o       |               |  |                 |                  |               |  |
| Place        | e:                       |                                 |   |  |               |  |                 |                  |               |  |
| 20+0         |                          |                                 |   |  |               |  |                 |                  |               |  |
| Date         |                          |                                 | College Staff Signature                 |  |               | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson

|        | PRN:  | Eligi           | ibility Status:      | Examination form<br>095205                    |  | Division/Section   | : Roll N        | No.:         | Kiran                |
|--------|---|-----------------|----------------------|---|--|--------------------|-----------------|--------------|----------------------|
| 2      | 2017016401264776  |                 | Eligible             |   |  | С                  | 17              | 6            | Jilkan               |
| Instru | uction Medium:  | _               |                      |   |  | Nationality:       | India           |              |                      |
|        |   |                 |                      | Student's Person                              | onal Informati                                   | on                 |                 |              |                      |
| Stude  | ent's Name: MAURY   | 'A KIRAN SH     | HIVKUMAR             |   |  | Mother's Name      | : SARITA        |              | Gender: Female       |
| Name   | e in Vernacular Langua  | ge:मौर्या किर   | न शिवकुमार           |   |  |                    |                 |              |                      |
| Addre  | ess: Near T-41 Old Barı   | rack Indira N   | lagar Chembur Col    | ony   |  |                    |                 |              |                      |
| City:  | Mumbai, Taluka: Kurla,  | District: Mur   | mbai Suburban, St    | ate: Maharashtra, PIN:                        | 400074   |                    |                 |              |                      |
|        | phone no.:  |                 |                      | pile no: 919820490056                         | 1  |                    | mail : kiranmau | ırya0432@    | gmail.com            |
|        | : Jan 10, 2000  |                 | tegory: Open         |   | <del>,                                    </del> | Handicap: No       |                 |              |                      |
| Previ  | ous Latest Examination  | Details: Ser    | m IV(Regular-Rev1    | 16)   | Exam Even  | t: Apr-2019        | Se              | eat No: 06   | 68612 (Status: Pass) |
|        | n form appearance type  | : Fresher       |                      |   |  |                    |                 |              |                      |
|        |   | se select Pa    | per details which y  | ou want to appear ( UA                        | - University A                                   | Assessment,CA -    | College Asses   | sment)       |                      |
| SN     | Paper Code  |                 |                      | Paper Name                                    |  |                    |                 |              | AM - AT              |
| 1      |   | Operation Re    |                      |   |  |                    |                 | -UA [ ] ;Th- |                      |
| 2      |   | International   |                      |   |  |                    |                 | -UA [ ] ;Th- |                      |
| 3      |   | Project Mana    |                      |   |  |                    |                 | -UA [ ] ;Th- |                      |
| 4      |   |                 | nancial Managemer    | <u>nt                                    </u> |  |                    |                 | -UA [ ] ;Th- |                      |
| 5      |   | Indirect Taxe   |                      |   |  |                    |                 | -UA [ ] ;Th- |                      |
| 6      |   | Project Work    | (                    |   |  |                    | <del></del>     | -UA [ ] ;Pv  |                      |
| Conv   | rocation Fee  |                 | Exam Form Late       | Fee   | Exam Form  | Super Late Fee     | E               | kamination   | n Fees               |
| Mark   | Statement Fee   |                 | Total:               |   |  |                    |                 |              |                      |
| Davr   | nent Details: A   | mount Recei     | ived:                | Col   | Ilege Receipt                                    | No. and Date:      |                 |              |                      |
| DD N   |   | - Inount recei  | MICR No:             |   | DD Date:   | ivo. and Date.     | Ra              | nk:          |                      |
|        | er Preference (Code/Na  |                 | INITOTY INO.         |   | DD Date.   |                    | Da              |              |                      |
|        | e Preference (Code/Na   |                 |                      |   |  |                    |                 |              |                      |
|        | he Controller of Examir   | ,               |                      |   |  |                    |                 | Dlessi       | Vidensibos           |
| -      | uest permission to prese  | •               | or the ensuing exan  | nination I have remitted                      | d the prescrib                                   | ed fee for the san | ne I hereby     | Place:       | Vidyavihar           |
| decla  | ire that all statement ma   | ade in this ap  | pplication are true, | complete and correct to                       | the best of n                                    | ny knowledge and   | d belief. I     | Date:        |                      |
|        | gone through the syllatest for any special conc   |                 |                      |   |  |                    |                 |              |                      |
| other  | ground. Í understand th   |                 |                      |   |  |                    |                 |              |                      |
| cance  | elled or rejected.  |                 |                      |   |  |                    |                 | St           | tudent's Signature   |
| Decla  | aration by Principal/HOI  | D/Chairperso    | on                   |   |  |                    |                 |              |                      |
| respo  | form is carefully scrutini<br>onsibility of fulfillment/re<br>se/term work (if any) acc | ectification of | f the information. H |   |  |                    |                 |              |                      |
| Place  | e:  |                 |                      |   |  |                    |                 |              |                      |
| Date:  |   |                 |                      |   |  |                    |                 |              |                      |



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

 $\label{policy density of Summer Session 2020 event.} Application Form for Examination of Summer Session 2020 event.$ 

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

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|  | PRN:  | Eligi            | ibility Status:      | Examination form<br>095206                          | ı No.:  | Division/Section:       | Roll No.        | ).:        | D. E codo            |
|--|---|------------------|----------------------|---|---|-------------------------|-----------------|------------|----------------------|
| 2  | 2017016401264784                                |                  | Eligible             |   |   | Α                       | 15              |            |                      |
| nstrı  | uction Medium:                                  |                  | -                    |   |   | Nationality:            | India           |            |                      |
|  |   |                  |                      | Student's Perso                                     | onal Informati                                    | on                      |                 |            |                      |
| Stude  | ent's Name: GADA [                              | DEVANSHI K       | CALYANJI             |   |   | Mother's Name: Ch       | HETANA          |            | Gender: Female       |
| lam  | e in Vernacular Langua                          | ge:devsnshi      | ·                    |   |   |                         |                 |            | ·                    |
| ddr  | ess: 503/silvermatrupra                         | abha kama la     | ne ghatkopar west    |   |   |                         |                 |            |                      |
| city:  | mumbai, Taluka: Mumb                            | bai, District: N | vlumbai City, State  | : Maharashtra, PIN: 400                             | )086  |                         |                 |            |                      |
| eler   | phone no.:                                      |                  | Mob                  | pile no: 918879751722                               |   | Emai                    | il : devanshiga | ada15@g    | gmail.com            |
| OB   | : Apr 15, 1999                                  | Cat              | tegory: Open         |   | <del>, '                                   </del> | Handicap: No            |                 |            |                      |
| revi   | ious Latest Examinatior                         | n Details: Ser   | m IV(Regular-Rev1    | (6)   | Exam Even   | t: Apr-2019             | Seat            | t No: 066  | 68664 (Status: Pass) |
| xan  | n form appearance type                          | e: Fresher       |                      |   |   |                         |                 |            |                      |
| ape  | er Details: Plea                                | ise select Pa    | per details which y  | ou want to appear ( UA                              | - University A                                    | ssessment,CA - Col      | lege Assessn    | nent)      |                      |
| SN   | Paper Code                                      |                  |                      | Paper Name  |   |                         |                 |            | AM - AT              |
| 1  | 86001   | Operation Re     | esearch              |   |   |                         | Th-U/           | A [ ] ;Th- | ·CA[]                |
| 2  | 86003   | Brand Manag      | gement               |   |   |                         | Th-U/           | A [ ] ;Th- | ·CA[]                |
| 3  | 86006   | Retail Manag     | gement               |   | 7   |                         |                 |            | -CA[]                |
| 4  | 86009   | International    | Marketing            |   |   |                         | Th-U/           | A [ ] ;Th- | ·CA[]                |
| 5  | 86012   | Media Plann      | ing and Manageme     | ent   |   |                         | Th-U/           | A [ ] ;Th- | ·CA[]                |
| 6  | UBMSFSVI.5                                      | Project Work     | (                    |   |   |                         | Pw-U            | IA [];Pw   | /-CA[]               |
| onv  | ocation Fee                                     |                  | Exam Form Late       | Fee   | Exam Form   | Super Late Fee          | Exar            | mination   | Fees                 |
| /lark  | Statement Fee                                   |                  | Total:               |   |   |                         |                 |            |                      |
|  |   |                  |                      |   |   |                         |                 |            |                      |
| 'ayn   | nent Details: A                                 | Amount Recei     | ived:                | Coll  | College Receipt No. and Date:                     |                         |                 |            |                      |
| DD N   | lo:   |                  | MICR No:             |   | DD Date:  |                         | Bank            | :          |                      |
|  | er Preference (Code/Na                          |                  |                      |   |   |                         |                 |            |                      |
| /enu   | ue Preference (Code/Na                          | ame):            |                      |   |   |                         |                 |            |                      |
| o, T   | The Controller of Examin                        | nation,          |                      |   |   |                         |                 | Place:     | Vidyavihar           |
|  |   |                  |                      | nination. I have remitted                           |   |                         |                 | Date.      |                      |
|  |   |                  |                      | complete and correct to<br>ibed for the examination |   |                         |                 | Date:      |                      |
| eque   | est for any special conc                        | cession such     | as change in time    | or day fixed for universit                          | ty Examinatio                                     | on etc. on religious or | r any           | Г          |                      |
|  | r ground. I understand tl<br>elled or rejected. | hat in the eve   | ent of any informati | ion being found false or                            | incorrect, my                                     | candidature is liable   | to be           |            |                      |
| ano.   |   |                  |                      |   |   |                         |                 | St         | udent's Signature    |
| )ecla  | aration by Principal/HO                         | D/Chairperso     | on                   |   |   |                         |                 |            |                      |
|  |   |                  |                      | y me. The information pr                            |   |                         |                 |            |                      |
|  |   |                  |                      | le/she is regular student                           | of this Collec                                    | je and has complete     | d the required  | d attenda  | ance and practical   |
| course/term work (if any) according to university rules. |   |                  |                      |   |   |                         |                 |            |                      |
| Place  | a·  |                  |                      |   |   |                         |                 |            |                      |
|  | <i>7.</i>                                       |                  |                      |   |   |                         |                 |            |                      |
| ) oto  |   |                  |                      |   |   |                         |                 |            |                      |
| )ate:  |   |                  |                      | College Str   | aff Signature                                     |                         | Seal            | and Sigr   | nature of            |
|  |   |                  |                      | College Stall Signature                             |   |                         |                 |            | 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.

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

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Examination form No.:



|              | PRN:                        | Eligi                          | bility Status:                              | 095207  | TINO                             | Division/Section:                             | Roll No         | ).:                | A Thakkar.             |  |
|--------------|-----------------------------|--------------------------------|---|---|----------------------------------|---|-----------------|--------------------|------------------------|--|
|              | 2017016401264792            |                                | Eligible                                    |   |                                  | Α   | 59              |                    |                        |  |
| Instr        | uction Medium:              | •                              | -   |   |                                  | Nationality:                                  | India           |                    |                        |  |
|              |                             |                                |   | Student's Perso   | onal Informati                   | on  |                 |                    |                        |  |
| Stud         | ent's Name: ABHIM           | IANYU HITES                    | SH THAKKAR                                  |   |                                  | Mother's Name: S                              | IMMI            | C                  | Gender: Male           |  |
| Nam          | e in Vernacular Langu       | age:અભિમન્યુ                   | હિતેશ ઠક્કર                                 |   |                                  |   |                 |                    |                        |  |
|              |                             |                                |   | SWAPNA NAGRI MULL   |                                  | IUMBAI - 400080                               |                 |                    |                        |  |
| City:        | MUMBAI, Taluka: , Dis       | strict: Mumba                  | i Suburban, State:                          | Maharashtra, PIN: 4000  | 080                              |   |                 |                    |                        |  |
| Tele         | phone no.: 21640623         |                                | Mob   | ile no: 918082015676  |                                  | Ema   | il: thakkar975  | @gmail.            | com                    |  |
| DOB          | : Jan 23, 1999              | Cat                            | tegory: Open                                |   | Physically                       | Handicap: No                                  |                 |                    |                        |  |
| Prev         | ious Latest Examinatio      | n Details: Sei                 | m IV(Regular-Rev1                           | 6)  | Exam Even                        | t: Apr-2019                                   | Sea             | t No: 066          | 68707 (Status: Pass)   |  |
| Exar         | n form appearance typ       | e: Fresher                     |   |   |                                  |   |                 |                    |                        |  |
| Pape         | er Details: Plea            | ase select Pa                  | per details which ye                        | ou want to appear ( UA  | - University A                   | Assessment,CA - Co                            | ollege Assessi  | ment)              |                        |  |
| SN           | Paper Code                  |                                |   | Paper Name  |                                  |   |                 | AM - AT            |                        |  |
| 1            | 86001                       | Operation Re                   | esearch                                     |   |                                  |   | Th-U            | A [ ] ;Th-         | CA[]                   |  |
| 2            | 86003                       | Brand Manag                    | gement                                      |   |                                  |   | Th-U            | A [ ] ;Th-         | CA[]                   |  |
| 3            | 86006                       | Retail Manag                   | gement                                      |   |                                  | Th-U  | A [ ] ;Th-      | CA[]               |                        |  |
| 4            | 86009                       | International                  | Marketing                                   |   |                                  |   | Th-U            | Th-UA [] ;Th-CA [] |                        |  |
| 5            | 86012                       | Media Plann                    | ing and Manageme                            | ent   |                                  |   | Th-U            | A [ ] ;Th-         | CA[]                   |  |
| 6            | UBMSFSVI.5                  | Project Work                   |   |   |                                  |   | Pw-L            | JA [ ] ;Pw         | -CA []                 |  |
| Conv         | ocation Fee                 |                                | Exam Form Late I                            | Fee   | Exam Form                        | Super Late Fee                                | Exa             | mination           | Fees                   |  |
| Mark         | Statement Fee               |                                | Total:                                      |   |                                  |   |                 |                    |                        |  |
| <b></b>      |                             | A                              | ·   | 0.11  | D                                | N I D. I                                      |                 |                    |                        |  |
| <u> </u>     |                             | Amount Rece                    |   | Coll  |                                  | No. and Date:                                 | David           |                    |                        |  |
| DD N         |                             | I \                            | MICR No:                                    |   | DD Date:                         |   | Banl            | <b>C</b> .         |                        |  |
|              | er Preference (Code/N       |                                |   |   |                                  |   |                 |                    |                        |  |
|              | ue Preference (Code/N       |                                |   |   |                                  |   |                 | 1                  |                        |  |
|              | The Controller of Exam      | •                              |   | de altre de la lace de la company   |                                  | ad for for the constraint                     | I Is a section  | Place:             | Vidyavihar             |  |
| decla        | are that all statement m    | nade in this ap                | plication are true,                         | nination. I have remitted complete and correct to   | the best of n                    | ny knowledge and b                            | elief. I        | Date:              |                        |  |
| have<br>regu | gone through the sylla      | abus and the I<br>cession such | ist of books prescri<br>as change in time ( | bed for the examination<br>or day fixed for universited the contraction in the contraction | n tor which I a<br>tv Examinatio | m appearing. I shal<br>on etc. on religious c | l not<br>or anv |                    |                        |  |
| othe         | r ground. I understand      |                                |   | on being found false or   |                                  |   |                 |                    |                        |  |
| canc         | elled or rejected.          |                                |   |   |                                  |   |                 | Sti                | udent's Signature      |  |
| Decl         | aration by Principal/HC     | D/Chairperso                   | on  |   |                                  |   |                 | 1 30               |                        |  |
|              | • •                         | -                              |   | me. The information p   | rinted in the f                  | orm is correct to the                         | best of my kn   | owledae            | . I also undertake the |  |
| resp         | onsibility of fulfillment/r | ectification of                | the information. He                         | e/she is regular student  |                                  |   |                 |                    |                        |  |
| cour         | se/term work (if any) a     | ccording to ur                 | niversity rules.                            |   |                                  |   |                 |                    |                        |  |
| Plac         | a·                          |                                |   |   |                                  |   |                 |                    |                        |  |
| iac          | <b>.</b>                    |                                |   | _   |                                  |   |                 |                    |                        |  |
| Date:        |                             |                                |   |   |                                  |   |                 |                    |                        |  |
| Date:        |                             |                                |   | College Sta   | aff Signature                    |   | Seal            | and Sign           | nature of              |  |
|              |                             |                                | Conege Stan Oignature                       |   |                                  | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson



|  | PRN:   | Eligibility Status:   | 095208                    | II NO          | Division/Section:       | Roll No        | ).:         | 1 - whitim          |
|--|--|---|---------------------------|----------------|-------------------------|----------------|-------------|---------------------|
| :  | 2017016401264811   | Eligible  |                           | III            | С                       | 168            |             | harshitjin          |
| Instru                                   | uction Medium:   |   |                           |                | Nationality:            | India          |             |                     |
|  |  |   | Student's Perso           | onal Informati | ion                     |                |             |                     |
| Stud                                     | ent's Name: JAIN HA  | ARSHIT DINESH   |                           |                | Mother's Name: SA       | ANTOSH         | G           | ender: Male         |
| Nam                                      | e in Vernacular Langua   | ge:जैन हर्षित दिनेश   |                           |                |                         |                |             |                     |
| Addr                                     | ess: ashar estate, a3-30   | )4, shreenagar, wagle estate th   | nane                      |                |                         |                |             |                     |
| City:                                    | thane, Taluka: , District  | : Thane, State: Maharashtra, F  | PIN: 400604               |                |                         |                |             |                     |
| Tele                                     | ohone no.:   | Mot   | oile no: 917715983530     |                | Emai                    | l : hjain11219 | 99@gma      | il.com              |
| DOB                                      | : Dec 01, 1999   | Category: Open  |                           | Physically     | Handicap: No            |                |             |                     |
| Prev                                     | ious Latest Examination  | Details: Sem IV(Regular-Rev   | 16)                       | Exam Even      | t: Apr-2019             | Seat           | t No: 066   | 8604 (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 - Co      | llege Assessn  | nent)       |                     |
| SN                                       | Paper Code   |   | Paper Name                |                |                         |                |             | AM - AT             |
| 1  | 86001  | Operation Research  |                           |                |                         | Th-U           | A [ ] ;Th-C | CA[]                |
| 2  | 86002 I  | nternational Finance  |                           |                |                         | Th-U           | A [ ] ;Th-C | CA[]                |
| 3  | 86008 F  | Project Management  |                           |                |                         | Th-U           | A [ ] ;Th-C | CA[]                |
| 4 86011 Strategic Financial Management 1 |  |   |                           |                |                         |                | A [ ] ;Th-C | CA[]                |
| 5  | 86017 I  | ndirect Taxes   |                           |                |                         | Th-U           | A [ ] ;Th-C | CA[]                |
| 6  | UBMSFSVI.5   | Project Work  |                           |                |                         | Pw-U           | IA [];Pw-   | CA[]                |
| Conv                                     | ocation Fee  | Exam Form Late  | Fee                       | Exam Form      | Super Late Fee          | Exar           | mination I  | Fees                |
| Mark                                     | Statement Fee  | Total:  |                           |                |                         |                |             |                     |
| Pavn                                     | nent Details: A  | mount Received:   | Col                       | lege Receipt   | No. and Date:           |                |             |                     |
| DD N                                     |  | MICR No:  | 00.                       | DD Date:       |                         | Bank           | C:          |                     |
|  | er Preference (Code/Na   |   |                           |                |                         |                |             |                     |
| _  | ie Preference (Code/Na   | · · · · · · · · · · · · · · · · · · ·   |                           |                |                         |                |             |                     |
|  | he Controller of Examir  | ,   |                           |                |                         |                | Place:      | Vidyavihar          |
| decla                                    | are that all statement ma  | ent myself for the ensuing exar<br>ade in this application are true,                                  | complete and correct to   | the best of n  | ny knowledge and be     | elief. l       | Date:       | Vidyaviilai         |
| reque<br>other                           | est for any special concerts for any special c | ous and the list of books presci<br>ession such as change in time<br>nat in the event of any informat | or day fixed for universi | ty Examination | on etc. on religious or | any            |             |                     |
| canc                                     | elled or rejected.   |   |                           |                |                         |                | Stu         | dent's Signature    |
| Deck                                     | aration by Principal/HOI   | D/Chairperson   |                           |                |                         |                |             |                     |
| resp                                     | onsibility of fulfillment/re   | ized by the College staff and b<br>ectification of the information. H<br>cording to university rules. |                           |                |                         |                |             |                     |
| Place                                    | э:   |   |                           |                |                         |                |             |                     |
| Date                                     |  |   |                           |                |                         |                |             |                     |



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

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

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|        | PRN:  | Eligi            | ibility Status:      | Examination fo<br>095209 |                     | Division/Section:     | Roll No  | <b>)</b> .:     |                       |  |
|--------|---|------------------|----------------------|--------------------------|---------------------|-----------------------|--|-----------------|-----------------------|--|
| 2      | 2017016401264826                                    |                  | Eligible             |                          |                     | С                     | 202  | ļ               | Choras                |  |
| Instru | uction Medium:                                      |                  |                      |                          |                     | Nationality:          | India  |                 |                       |  |
|        |   |                  |                      | Student's Pe             | rsonal Informati    | on                    | 1  |                 |                       |  |
| Stude  | ent's Name: KRISH                                   | HA SHAH          |                      |                          |                     | Mother's Name: SI     | HANTI  | (               | Gender: Female        |  |
| Nam    | e in Vernacular Langua                              | age:क्रिशा       |                      |                          |                     |                       |  |                 |                       |  |
| Addr   | ess: B/4 , Namaskar so                              | oc, Kharkar A    | li, Thank (w)        |                          |                     |                       |  |                 |                       |  |
| City:  | Thane, Taluka: Thane                                | , District: Tha  | ne, State: Maharas   | htra, PIN: 400601        |                     |                       |  |                 |                       |  |
|        | phone no.:  |                  | Mot                  | oile no: 91876768265     | 1                   | Emai                  | il : krishashah                                    | ι9963@ς         | gmail.com             |  |
|        | : Oct 02, 1999                                      |                  | tegory: Open         |                          | Physically          | Handicap: No          |  |                 |                       |  |
|        | ious Latest Examinatio                              |                  | m IV(Regular-Rev     | 6)                       | Exam Even           | t: Apr-2019           | Sea  | t No: 910       | 0107 (Status: Pass)   |  |
|        | n form appearance type                              |                  |                      |                          |                     |                       |  |                 |                       |  |
| Pape   | er Details: Plea                                    | ase select Pa    | per details which y  | rou want to appear ( U   | JA - University A   | Assessment,CA - Co    | llege Assessr                                      | nent)           |                       |  |
| SN     | Paper Code  |                  |                      | Paper Nam                | ıе                  |                       |  |                 | AM - AT               |  |
| 1      | 86001   | Operation Re     | esearch              |                          |                     |                       | Th-U   | A [ ] ;Th-      | -CA[]                 |  |
| 2      | 86002   | International    | Finance              |                          |                     |                       |  |                 | -CA[]                 |  |
| 3      | 86008   | Project Mana     | agement              |                          |                     |                       | Th-U   | Th-UA[];Th-CA[] |                       |  |
| 4      | 86011   | Strategic Fin    | nancial Managemer    | nt                       |                     |                       | Th-U   | A[];Th-         | -CA[]                 |  |
| 5      | 86017   | Indirect Taxe    | es                   |                          |                     |                       | Th-U   | A[];Th-         | -CA[]                 |  |
| 6      | UBMSFSVI.5  | Project Work     | (                    |                          |                     |                       | 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   | ment Details:                                       | Amount Recei     |                      |                          | College Receipt     | No and Date:          |  |                 |                       |  |
| DD N   |   | Alliount Necci   | MICR No:             |                          | DD Date:            | NO. and Date.         | Bank   | ٠- ما           |                       |  |
|        | er Preference (Code/N                               | /jame).          | IMICITIVO.           |                          | DD Date.            |                       | Dank   |                 |                       |  |
|        | ue Preference (Code/N                               |                  |                      |                          |                     |                       |  |                 |                       |  |
|        | The Controller of Exami                             | ,                |                      |                          |                     |                       |  | Place:          | Vidyavihar            |  |
|        | uest permission to pres                             |                  | or the ensuing exar  | nination. I have remit   | ted the prescribe   | ed fee for the same.  | I hereby   | Flace.          | Viuyaviiiai           |  |
| decla  | are that all statement m                            | made in this ap  | pplication are true, | complete and correct     | t to the best of m  | ny knowledge and be   | elief. I   | Date:           |                       |  |
|        | egone through the sylla<br>est for any special cond |                  |                      |                          |                     |                       |  |                 |                       |  |
| other  | r ground. I understand                              |                  |                      |                          |                     |                       |  |                 |                       |  |
| cance  | elled or rejected.                                  |                  |                      |                          |                     |                       |  | St              | tudent's Signature    |  |
| Deck   | aration by Principal/HC                             | OD/Chairpers     | on                   |                          |                     |                       |  |                 | <u> </u>              |  |
|        | form is carefully scruting                          | -                |                      | v me. The information    | n printed in the fo | orm is correct to the | hest of my kn                                      | owledge         | a Lalso undertake the |  |
| respo  | onsibility of fulfillment/r                         | rectification of | f the information. H |                          |                     |                       |  |                 |                       |  |
| cours  | se/term work (if any) ac                            | ccording to un   | niversity rules.     |                          |                     |                       |  |                 |                       |  |
| اموات  |   |                  |                      |                          |                     |                       |  |                 |                       |  |
| Place  | ±:  |                  |                      |                          |                     |                       | l  |                 |                       |  |
| ~      |   |                  |                      |                          |                     |                       | İ  |                 |                       |  |
| Date:  |   |                  |                      | College Staff Signature  |                     | Seal                  | and Sign   | nature of       |                       |  |
|        |   |                  |                      | College Staff Signature  |                     |                       | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson

|          | PRN:   | Eligi           | ibility Status:      | Examination form<br>095210                           | No.:           | Division/Section:      | Roll No       | .:          | Oxode               |
|----------|--|-----------------|----------------------|--|----------------|------------------------|---------------|-------------|---------------------|
| :        | 2017016401264842                               |                 | Eligible             |  |                | В                      | 94            |             |                     |
| nstru    | uction Medium:                                 |                 |                      |  |                | Nationality:           | India         |             |                     |
|          |  |                 |                      | Student's Perso                                      | nal Informati  | on                     |               |             |                     |
| Stude    | ent's Name: KALE N                             | IEETA ANAN      | 1D                   |  |                | Mother's Name: AN      | ATIV          | C           | Gender: Female      |
| Nam      | e in Vernacular Langua                         | ge:काळे नीट     | अनंत                 |  |                |                        |               |             |                     |
| Addr     | ess: VISHNU NAGAR S                            | SOCIETY L.U     | J.GADKARI MARG       | CHEMBUR  |                |                        |               |             |                     |
| City:    | MUMBAI, Taluka: Kurla                          | a, District: Mu | umbai Suburban, S    | State: Maharashtra, PIN:                             | 400074         |                        |               |             |                     |
| Telep    | ohone no.:                                     |                 | Mob                  | ile no: 918689805259                                 | _              | Emai                   | l : chandanka | le89@gr     | nail.com            |
| DOB      | : Feb 12, 2000                                 | Cat             | tegory: Reserved (l  | NT-2 (NT-C))   | Physically     | Handicap: No           |               |             |                     |
|          | ious Latest Examination                        |                 | m IV(Regular-Rev1    | 16)  | Exam Even      | t: Apr-2019            | Seat          | t No: 066   | 8729 (Status: Pass) |
|          | n form appearance type                         |                 |                      |  |                |                        |               |             |                     |
| <u> </u> |  | se select Pa    | per details which y  | ou want to appear ( UA -                             | - University A | ssessment,CA - Col     | llege Assessn | nent)       |                     |
| SN       | Paper Code                                     |                 |                      | Paper Name   |                |                        |               |             | AM - AT             |
| 1        |  | Operation Re    |                      |  |                |                        | A [ ] ;Th-0   |             |                     |
| 2        |  |                 | oal Perspective      |  |                |                        |               | A [ ] ;Th-0 |                     |
| 3        |  |                 | rice Sector Manage   |  |                |                        |               | A [ ] ;Th-0 |                     |
| 4        |  |                 | ource Accounting a   | nd Audit   |                |                        |               | A [ ] ;Th-0 |                     |
| 5        |  |                 | in Management        |  |                |                        |               | A [ ] ;Th-0 |                     |
| 6        |  | Project Work    |                      | T  |                |                        |               | A [ ] ;Pw   |                     |
|          | ocation Fee                                    |                 | Exam Form Late       | Fee  | Exam Form      | Super Late Fee         | Exar          | mination    | Fees                |
| Mark     | Statement Fee                                  |                 | Total:               |  |                |                        |               |             |                     |
| Pavn     | nent Details:                                  | mount Rece      | ived:                | Colle  | eae Receipt    | No. and Date:          |               |             |                     |
| DD N     |  |                 | MICR No:             |  | DD Date:       |                        | Bank          | :           |                     |
| Cent     | er Preference (Code/Na                         | ame):           |                      |  |                |                        |               |             |                     |
| √enu     | ie Preference (Code/Na                         | ame):           |                      |  |                |                        |               |             |                     |
| Го, Т    | he Controller of Examin                        | nation,         |                      |  |                |                        |               | Place:      | Vidyavihar          |
|          |  |                 |                      | nination. I have remitted                            |                |                        |               | Data        | •                   |
|          |  |                 |                      | complete and correct to<br>ibed for the examination  |                |                        |               | Date:       |                     |
| eque     | est for any special conc                       | ession such     | as change in time    | or day fixed for universit                           | y Examinatio   | n etc. on religious or | any           |             |                     |
|          | r ground. I understand t<br>elled or rejected. | hat in the eve  | ent of any informati | ion being found false or i                           | incorrect, my  | candidature is liable  | e to be       |             |                     |
| Jane     | ened of rejected.                              |                 |                      |  |                |                        |               | Stu         | ıdent's Signature   |
| Decla    | aration by Principal/HO                        | D/Chairperso    | on                   |  |                |                        |               |             |                     |
| respo    |  | ectification of | f the information. H | y me. The information pr<br>e/she is regular student |                |                        |               |             |                     |
| Place    | e:   |                 |                      |  |                |                        |               |             |                     |
| <b></b>  | _  |                 |                      |  |                |                        |               |             |                     |



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

Application Form for Examination of Summer Session 2020 event.

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

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|         | PRN:  | Eligi           | bility Status:      | Examination 0952        |                     | Division/Section:                                  | Roll No       | ::                | 1 1-1               |  |
|---------|---|-----------------|---------------------|-------------------------|---------------------|--|---------------|-------------------|---------------------|--|
|         | 2017016401264857  | Р               | rovisional          |                         |                     | В  | 111           |                   | Andid               |  |
| Instr   | uction Medium:  | •               |                     |                         |                     | Nationality:                                       | India         |                   |                     |  |
|         |   |                 |                     | Student's P             | ersonal Informati   | on   |               |                   |                     |  |
| Stud    | ent's Name: PATE  | . ANKIT RAM     | ESH                 |                         |                     | Mother's Name: LE                                  | ELA           | (                 | Gender: Male        |  |
| Nam     | e in Vernacular Langu   | age:અંકિત પટે   | લ                   |                         |                     |  |               |                   |                     |  |
| Addr    | ess: 504, Moreshwar (   | Complex Plot    | No-35, Sector-21 l  | Charghar                |                     |  |               |                   |                     |  |
| City:   | Navi Mumbai, Taluka:  | Panvel, Distr   | ict: Raigad, State: | Maharashtra, PIN: 4     | 10210               |  |               |                   |                     |  |
| Tele    | ohone no.:  |                 | Mob                 | ile no: 9170219697      | 22                  | Emai   | l : rameshkha | rghar@            | gmail.com           |  |
| DOB     | : Jul 09, 1999  | Ca              | tegory: Open        |                         | Physically          | Handicap: No                                       |               |                   |                     |  |
| Prev    | ious Latest Examination   | on Details: Se  | m IV(Regular-Rev    | 6)                      | Exam Even           | t: Apr-2019  | Seat          | t No: 910         | 0100 (Status: Pass) |  |
| Exar    | n form appearance typ   | e: Fresher      |                     |                         |                     |  |               |                   |                     |  |
| Pape    | er Details: Ple   | ase select Pa   | per details which y | ou want to appear (     | UA - University A   | ssessment,CA - Co                                  | llege Assessn | nent)             |                     |  |
| SN      | Paper Code  |                 |                     | Paper Na                | me                  |  |               | AM - AT           |                     |  |
| 1       | 86001   | Operation Re    | esearch             |                         |                     |  | Th-U          | A [ ] ;Th-        | CA[]                |  |
| 2       | 86004   | HRM in Glob     | al Perspective      |                         |                     |  | Th-U          | A [ ] ;Th-        | CA[]                |  |
| 3       | 86010   | HRM in Serv     | ice Sector Manage   | ment                    |                     |  | Th-U          | Th-UA [];Th-CA [] |                     |  |
| 4       | 86016   | Human Reso      | ource Accounting a  | nd Audit                |                     |  | Th-U          | Th-UA[];Th-CA[]   |                     |  |
| 5       | 86019   | Indian Ethos    | in Management       |                         |                     |  | Th-U          | A [ ] ;Th-        | CA[]                |  |
| 6       | UBMSFSVI.5  | Project Work    |                     |                         |                     |  | Pw-U          | A[];Pw            | /-CA [ ]            |  |
| Conv    | rocation Fee  |                 | Exam Form Late      | Fee                     | Exam Form           | Super Late Fee                                     | Exar          | mination          | Fees                |  |
| Mark    | Statement Fee   |                 | Total:              |                         |                     |  |               |                   |                     |  |
| <b></b> | Dataila   | A I D           |                     |                         | Oallana Bana'at     | Marad Data   |               |                   |                     |  |
| DD N    |   | Amount Rece     | MICR No:            |                         | DD Date:            | No. and Date:                                      | Bank          |                   |                     |  |
|         | er Preference (Code/N   | lomo\:          | MICK NO.            |                         | DD Date.            |  | рапк          |                   |                     |  |
|         | e Preference (Code/N  |                 |                     |                         |                     |  |               |                   |                     |  |
|         | he Controller of Exam   |                 |                     |                         |                     |  |               | I                 |                     |  |
|         | uest permission to pre  |                 | r the encuing even  | sination I have remi    | itted the prescribe | ad foo for the same                                | l horoby      | Place:            | Vidyavihar          |  |
| decla   | are that all statement n  | nade in this ap | plication are true, | complete and corre      | ct to the best of n | ny knowledge and be                                | elief. I      | Date:             |                     |  |
|         | gone through the sylla<br>est for any special con   |                 |                     |                         |                     |  |               |                   |                     |  |
| othe    | ground. I understand  |                 |                     |                         |                     |  |               |                   |                     |  |
| canc    | elled or rejected.  |                 |                     |                         |                     |  |               | St                | udent's Signature   |  |
| Decl    | aration by Principal/HO   | DD/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 ourse/term work (if any) according to university rules. |                 |                     |                         |                     |  |               |                   |                     |  |
| Place   | e:  |                 |                     |                         |                     |  |               |                   |                     |  |
| Date    | :   |                 |                     |                         |                     |  |               |                   |                     |  |
|         |   |                 |                     | College Staff Signature |                     | Seal and Signature of<br>Principal/HOD/Chairperson |               |                   |                     |  |



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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|  | PRN:   | Eligi            | ibility Status:      | Examination f<br>09521 |                               | Division/Section:     | Roll No        | ı.:  | Que -                |  |
|--|--|------------------|----------------------|------------------------|-------------------------------|-----------------------|----------------|--|----------------------|--|
|  | 2017016401264865   |                  | Eligible             |                        |                               | С                     | 205            |  | 28.                  |  |
| nstr                                     | uction Medium:   |                  |                      |                        |                               | Nationality:          | India          |  |                      |  |
|  |  |                  |                      | Student's Pe           | rsonal Informati              | on                    |                |  |                      |  |
| Stud                                     | ent's Name: SHAH   | RIYA ASHO        | (                    |                        |                               | Mother's Name: KA     | AILAS          | (  | Gender: Female       |  |
| Nam                                      | e in Vernacular Langua   | age:RIYA         |                      |                        |                               | •                     |                | ·  |                      |  |
| Addr                                     | ess: 304 paras society   | navrojilane      |                      |                        |                               |                       |                |  |                      |  |
| City:                                    | mumbai, Taluka: Mum  | bai, District: I | Mumbai City, State   | : Maharashtra, PIN:    | 400086                        |                       |                |  |                      |  |
| Γele∣                                    | ohone no.:   |                  | Mob                  | ile no: 91976928969    | 9                             | Emai                  | l : shahriya10 | 99@gm  | ail.com              |  |
| OOB                                      | : Oct 10, 1999   | Ca               | tegory: Open         |                        | Physically                    | Handicap: No          |                |  |                      |  |
| ⊃rev                                     | ious Latest Examinatio   | n Details: Se    | m IV(Regular-Rev     | 16)                    | Exam Even                     | t: Apr-2019           | Sea            | t No: 066  | 88635 (Status: Pass) |  |
| Exar                                     | n form appearance type   | e: Fresher       |                      |                        |                               |                       |                |  |                      |  |
| Pape                                     | er Details: Plea   | se select Pa     | per details which y  | ou want to appear ( l  | JA - University A             | ssessment,CA - Co     | lege Assessr   | ssment)  |                      |  |
| SN                                       | Paper Code   |                  |                      | Paper Nan              | пе                            |                       |                | AM - AT  |                      |  |
| 1  | 86001  | Operation R      | esearch              |                        |                               |                       | Th-U           | A [ ] ;Th-   | CA[]                 |  |
| 2  | 86002  | International    | Finance              |                        |                               | Th-U                  | A [ ] ;Th-     | CA[]   |                      |  |
| 3  | 86008  | Project Mana     | agement              |                        |                               |                       | Th-U           | A [ ] ;Th-   | CA[]                 |  |
| 4  | 86011  | Strategic Fin    | ancial Manageme      |                        |                               |                       | Th-U           | Th-UA [ ] ;Th-CA [ ]                               |                      |  |
| 5  | 86017  | Indirect Taxe    | es                   |                        |                               |                       | Th-U           | A [ ] ;Th-   | CA[]                 |  |
| 6  | UBMSFSVI.5   | Project Work     | (                    |                        |                               |                       | Pw-U           | A [ ] ;Pw  | '-CA[]               |  |
| Conv                                     | ocation Fee  |                  | Exam Form Late       | Fee                    | Exam Form                     | Super Late Fee        | Exa            | mination   | Fees                 |  |
| Mark                                     | Statement Fee  |                  | Total:               |                        |                               |                       |                |  |                      |  |
|  |  |                  | •                    |                        | •                             |                       | <b>'</b>       |  |                      |  |
|  |  | Amount Rece      | T                    | (                      | College Receipt No. and Date: |                       |                |  |                      |  |
| N DC                                     |  |                  | MICR No:             |                        | DD Date:                      |                       | Bank           | Ε.   |                      |  |
|  | er Preference (Code/N  |                  |                      |                        |                               |                       |                |  |                      |  |
| ∕enι                                     | e Preference (Code/N   | ame):            |                      |                        |                               |                       |                |  |                      |  |
| Го, Т                                    | he Controller of Exami   | nation,          |                      |                        |                               |                       |                | Place:   | Vidyavihar           |  |
| decla                                    | uest permission to pres<br>are that all statement m<br>gone through the sylla        | ade in this a    | oplication are true, | complete and correc    | t to the best of n            | ny knowledge and be   | elief. I       | Date:  |                      |  |
| equ                                      | est for any special cond   | cession such     | as change in time    | or day fixed for unive | rsity Examination             | n etc. on religious o | any            |  |                      |  |
|  | ground. I understand telled or rejected.   | that in the ev   | ent of any informat  | on being found false   | or incorrect, my              | candidature is liable | to be          |  |                      |  |
| Janic                                    | elled of rejected.   |                  |                      |                        |                               |                       |                | St   | udent's Signature    |  |
| Declaration by Principal/HOD/Chairperson |  |                  |                      |                        |                               |                       |                |  |                      |  |
| esp                                      | form is carefully scrutir<br>onsibility of fulfillment/r<br>se/term work (if any) ac | ectification of  | f the information. H |                        |                               |                       |                |  |                      |  |
| Place                                    | e:   |                  |                      |                        |                               |                       |                |  |                      |  |
| Date                                     | :  |                  |                      |                        |                               |                       |                |  |                      |  |
|  |  |                  |                      | College                | College Staff Signature       |                       |                | Seal and Signature of<br>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.

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

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| Examination form No.: Division (Continue)  |  |                  |                      |                             |                      |                         |  |                   |                      |  |
|--|--|------------------|----------------------|-----------------------------|----------------------|-------------------------|--|-------------------|----------------------|--|
|  | PRN:   | Eligi            | ibility Status:      | 09521                       | 13                   | Division/Section:       | Roll No  | ).:               | 1 Din                |  |
| :  | 2017016401264873   |                  | Eligible             |                             | ,                    | В                       | 82   | 1                 | Janua                |  |
| nstrı  | uction Medium:   |                  |                      |                             |                      | Nationality:            | India  |                   |                      |  |
|  |  |                  |                      | Student's P                 | Personal Informati   | on                      |  |                   |                      |  |
| Stud   | lent's Name: SANIKA  | A UMESH DH       | IURI                 |                             |                      | Mother's Name: NI       | TA   | (                 | Gender: Female       |  |
| Nam  | ne in Vernacular Langua  | age:Marathi      |                      |                             |                      |                         |  |                   |                      |  |
| Addr   | ress: 402, Arya Residen  | າcy, Sunil Na    | gar Behind DNC S     | chool, Dombivli (E)         | )                    |                         |  |                   |                      |  |
| City:  | Dombivli , Taluka: Kaly  | yan, District: ⁻ | Thane, State: Mah    | arashtra, PIN: 42120        | 01                   |                         |  |                   |                      |  |
| Tele   | phone no.:   |                  | Mob                  | oile no: 9197022216         | 23                   | Emai                    | il : sanikadhur                                    | i2301@            | gmail.com            |  |
| DOB  | 3: Jan 23, 2000  | Cat              | tegory: Open         |                             |                      | Handicap: No            |  |                   |                      |  |
| Prev   | vious Latest Examination   | n Details: Ser   | m IV(Regular-Rev1    | 16)                         | Exam Even            | t: Apr-2019             | Sea  | t No: 066         | 68720 (Status: Pass) |  |
| Exan   | m form appearance type   | e: Fresher       |                      |                             |                      |                         |  |                   |                      |  |
| Pape   | er Details: Plea   | se select Pa     | per details which y  | ou want to appear (         | UA - University A    | Assessment,CA - Col     | llege Assessr                                      | nent)             |                      |  |
| SN   | Paper Code   | <u> </u>         |                      | Paper Na                    | Paper Name           |                         |  |                   | AM - AT              |  |
| 1  | 86001  | Operation Re     | esearch              |                             |                      |                         | Th-U   | A [ ] ;Th-        | -CA[]                |  |
| 2  | 86004  | HRM in Glob      | oal Perspective      |                             |                      |                         | Th-U   | A [ ] ;Th-        | -CA [ ]              |  |
| 3  | 86010  | HRM in Serv      | vice Sector Manage   | ement                       |                      | Th-U                    | A[];Th-  | -CA[]             |                      |  |
| 4  | 86016  | Human Resc       | ource Accounting a   | nd Audit                    | 1 Audit              |                         |  | Th-UA [];Th-CA [] |                      |  |
| 5  | 86019  | Indian Ethos     | in Management        |                             |                      |                         | Th-U   | A [ ] ;Th-        | -CA[]                |  |
| 6  | UBMSFSVI.5   | Project Work     | (                    |                             |                      |                         | Pw-U   | JA [ ] ;Pw        | v-CA []              |  |
| Conv   | vocation Fee   |                  | Exam Form Late       | Fee                         | Exam Form            | Super Late Fee          | Exa  | mination          | ı Fees               |  |
| Mark   | Statement Fee  |                  | Total:               |                             |                      |                         |  |                   |                      |  |
|  |  |                  |                      |                             |                      |                         |  |                   |                      |  |
|  |  | Amount Recei     | 1                    |                             | College Receipt      | No. and Date:           | <del></del>  |                   |                      |  |
| DD N   |  |                  | MICR No:             |                             | DD Date:             |                         | Bank   | <u>C</u>          |                      |  |
|  | ter Preference (Code/Na  |                  |                      |                             |                      |                         |  |                   |                      |  |
|  | ue Preference (Code/Na   | •                |                      |                             |                      |                         |  |                   |                      |  |
|  | The Controller of Examin   |                  |                      |                             |                      |                         |  | Place:            | Vidyavihar           |  |
| decla  | uest permission to prese<br>are that all statement made<br>gone through the syllal | nade in this ap  | pplication are true, | complete and correct        | ect to the best of m | ny knowledge and be     | elief. I   | Date:             |                      |  |
| reque  | est for any special conc   | cession such     | as change in time    | or day fixed for university | ersity Examinatio    | on etc. on religious or | r any  |                   |                      |  |
|  | r ground. I understand to<br>celled or rejected.                                   | that in the eve  | ent of any informati | on being found false        | e or incorrect, my   | candidature is liable   | to be  |                   |                      |  |
| Jan C  | elled or rejected.   |                  |                      |                             |                      |                         |  | St                | tudent's Signature   |  |
| Decl   | aration by Principal/HO  | 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. |  |                  |                      |                             |                      |                         |  |                   |                      |  |
| Place  | e:   |                  |                      |                             |                      |                         |  |                   |                      |  |
| note.  |  |                  |                      |                             |                      |                         | I  |                   |                      |  |
| Date   | :  |                  |                      | College Staff Signature     |                      | Seal and Signature of   |  |                   |                      |  |
|  |  |                  |                      | College Staff Signature     |                      |                         | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Examination form No.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|   | PRN:   | Eligibility Status:  | 095214                      | II INO          | Division/Section:       |               | .:                   | - 1 = 10.           |  |
|---|--|--|-----------------------------|-----------------|-------------------------|---------------|----------------------|---------------------|--|
|   | 2017016401264896                                     | Eligible   |                             |                 | С                       | 213           |                      | Astawde             |  |
| Instru                                    | uction Medium:                                       |  |                             |                 | Nationality:            | India         | -                    |                     |  |
|   |  |  | Student's Pers              | onal Informat   | on                      |               |                      |                     |  |
| Stud                                      | ent's Name: TAWDE                                    | ANKITA SHARAD  |                             |                 | Mother's Name: AN       | NJALI         | G                    | Gender: Female      |  |
| Nam                                       | e in Vernacular Langua                               | ge:अंकिता  |                             |                 |                         |               |                      |                     |  |
| Addr                                      | ess: B-111 Mahadev Pa                                | atil SRA CHS LTD Ghatla villa  | ige road, Chembur Muml      | bai             |                         |               |                      |                     |  |
| City:                                     | Mumbai, Taluka: Kurla,                               | District: Mumbai Suburban,   | State: Maharashtra, PIN:    | 400071          |                         |               |                      |                     |  |
| Tele                                      | ohone no.:   | Mo   | bile no: 918419905033       |                 | Emai                    | l : ankutawde | @gmail.d             | com                 |  |
| DOB                                       | : Jan 15, 2000                                       | Category: Open   |                             | Physically      | Handicap: No            |               |                      |                     |  |
| Prev                                      | ious Latest Examination                              | Details: Sem IV(Regular-Re   | v16)                        | Exam Ever       | t: Apr-2019             | Seat          | t No: 066            | 8644 (Status: Pass) |  |
| Exan                                      | n form appearance type                               | : Fresher  |                             |                 |                         |               |                      |                     |  |
| Pape                                      | er Details: Plea                                     | se select Paper details which  | you want to appear ( UA     | - University A  | Assessment,CA - Col     | llege Assessn | nent)                |                     |  |
| SN  | Paper Code   |  | Paper Name                  |                 |                         |               | AM - AT              |                     |  |
|   |  |  |                             |                 |                         | Th-U          | A [ ] ;Th-0          | CA[]                |  |
| 2 86002 International Finance             |  |  |                             |                 |                         |               | A [ ] ;Th-0          |                     |  |
|   |  |  |                             |                 |                         |               | Γh-UA [ ] ;Th-CA [ ] |                     |  |
| 4 86011 Strategic Financial Management Th |  |  |                             |                 |                         |               | Th-UA [] ;Th-CA []   |                     |  |
| 5   | 86017 I  | ndirect Taxes  |                             |                 |                         |               | A [ ] ;Th-0          |                     |  |
| 6   | UBMSFSVI.5   | Project Work   |                             |                 |                         | Pw-U          | A [ ] ;Pw-           | -CA []              |  |
| Conv                                      | ocation Fee  | Exam Form Lat  | e Fee                       | Exam Form       | Super Late Fee          | Exar          | mination             | Fees                |  |
| Mark                                      | Statement Fee  | Total:   |                             |                 |                         |               |                      |                     |  |
| Payr                                      | nent Details:  | mount Received:  | Col                         | llege Receipt   | No. and Date:           |               |                      |                     |  |
| DD N                                      |  | MICR No:   |                             | DD Date:        |                         | Bank          | :                    |                     |  |
| Cent                                      | er Preference (Code/Na                               | ame):  |                             | 1               |                         |               |                      |                     |  |
| Venu                                      | ie Preference (Code/Na                               | me):   |                             |                 |                         |               |                      |                     |  |
| To, T                                     | he Controller of Examir                              | nation,  |                             |                 |                         |               | Place:               | Vidyavihar          |  |
| decla                                     | are that all statement ma                            | ent myself for the ensuing exa<br>ade in this application are true<br>ous and the list of books pres | e, complete and correct to  | o the best of r | ny knowledge and be     | elief. I      | Date:                |                     |  |
| requi                                     | est for any special conc<br>ground. I understand the | ession such as change in times at in the event of any information.                                   | e or day fixed for universi | ity Examination | on etc. on religious or | any           |                      |                     |  |
| canc                                      | ancelled or rejected.  Student's Signature           |  |                             |                 |                         |               |                      |                     |  |
| Deck                                      | aration by Principal/HOI                             | D/Chairperson  |                             |                 |                         |               |                      |                     |  |
| resp                                      | onsibility of fulfillment/re                         | ized by the College staff and ectification of the information. cording to university rules.          |                             |                 |                         |               |                      |                     |  |
| Place                                     | э:   |  |                             |                 |                         |               |                      |                     |  |
| Date                                      | <u> </u>   |  |                             |                 |                         |               |                      |                     |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status:   |   |   |         | Examination form 095215 | n No.:         | Division/Section:     | Roll No.      | .:              | N sa                 |
|----------------------------|---|---|---------|-------------------------|----------------|-----------------------|---------------|-----------------|----------------------|
| :                          | 2017016401264907                            | Eligible  |         |                         | III            | С                     | 166           |                 | Gogalia              |
| Instr                      | uction Medium:                              | !   |         |                         |                | Nationality:          | India         |                 |                      |
|                            |   | _   |         | Student's Perso         | onal Informati | on                    |               |                 |                      |
| Stud                       | ent's Name: GOSAL                           | IA MIRAV ATUL   |         |                         |                | Mother's Name: RU     | JPAL          | (               | Gender: Male         |
| Nam                        | e in Vernacular Langua                      | ge:ગોસળીયા મિરવં અતુલ   |         |                         |                |                       |               |                 |                      |
| Addr                       | ess: B/11, JAY PALAVI                       | CHS NEAR MADHAVI BU   | JNGA    | LOW, RAJAJI PATH D      | OMBIVLI(EA     | ST)                   |               |                 |                      |
| City:                      | MUMBAI, Taluka: Kalya                       | an, District: Thane, State:   | Иahar   | rashtra, PIN: 421201    |                |                       |               |                 |                      |
| Tele                       | phone no.:                                  |   | Mobil   | le no: 918898052878     |                | Email                 | : miravgosali | ia711@(         | gmail.com            |
| DOB                        | : May 11, 2000                              | Category: Open  |         |                         | Physically     | Handicap: No          |               |                 |                      |
| Prev                       | ious Latest Examination                     | n Details: Sem IV(Regular-  | Rev16   | 3)                      | Exam Even      | t: Apr-2019           | Seat          | No: 066         | 68602 (Status: Pass) |
| Exan                       | n form appearance type                      | : Fresher   |         |                         |                |                       |               |                 |                      |
| Pape                       | er Details: Pleas                           | se select Paper details wh  | ich yo  | u want to appear (UA    | - University A | Assessment,CA - Col   | lege Assessm  | nent)           |                      |
| SN                         | Paper Code                                  |   |         | Paper Name              |                |                       |               |                 | AM - AT              |
| 1 86001 Operation Research |   |   |         |                         |                |                       | Th-UA         | 4 [ ] ;Th-      | CA[]                 |
| 2                          | 86002 I                                     | International Finance   |         |                         |                |                       | Th-UA         | 4 [ ] ;Th-      | CA[]                 |
| 3 86008 Project Management |   |   |         |                         |                |                       | Th-UA         | 4 [ ] ;Th-      | CA[]                 |
| 4                          | 86011                                       | Strategic Financial Manag   | ement   | t                       |                |                       | Th-UA         | 4 [ ] ;Th-      | CA[]                 |
| 5                          | 86017 I                                     | Indirect Taxes  |         |                         |                |                       | Th-UA         | 4 [ ] ;Th-      | CA[]                 |
| 6                          | UBMSFSVI.5                                  | Project Work  |         |                         |                |                       | Pw-U          | A [ ] ;Pw       | /-CA [ ]             |
| Conv                       | ocation Fee                                 | Exam Form   | _ate F  | ee                      | Exam Form      | Super Late Fee        | Exan          | mination        | Fees                 |
| Mark                       | Statement Fee                               | Total:  |         |                         |                |                       |               |                 |                      |
| Dove                       | nent Details:                               | mount Received:   |         | Cal                     | llaga Dagaint  | No. and Data:         |               |                 |                      |
| DD N                       |   | MICR No:  |         | Col                     | DD Date:       | No. and Date:         | Bank          |                 |                      |
|                            | er Preference (Code/Na                      |   |         |                         | DD Date.       |                       | Dalik         | •               |                      |
|                            | ue Preference (Code/Na                      | · · · · · · · · · · · · · · · · · · ·   |         |                         |                |                       |               |                 |                      |
|                            | The Controller of Examir                    |   |         |                         |                |                       |               | l <sub>Di</sub> | \n                   |
|                            |   | ent myself for the ensuing  | ovami   | ination I have remitted | the prescribe  | ad fee for the same   | herehy        | Place:          | Vidyavihar           |
| decla                      | are that all statement ma                   | ade in this application are to bus and the list of books pro                                  | true, c | complete and correct to | the best of n  | ny knowledge and be   | lief. I       | Date:           |                      |
|                            |   | ession such as change in  |         |                         |                |                       |               |                 |                      |
|                            |   | hat in the event of any info  | rmatio  | on being found false or | incorrect, my  | candidature is liable | to be         |                 |                      |
|                            | cancelled or rejected.  Student's Signature |   |         |                         |                |                       |               |                 |                      |
|                            | aration by Principal/HOI                    |   |         |                         |                |                       |               |                 |                      |
| respo                      | onsibility of fulfillment/re                | ized by the College staff a<br>ectification of the informatic<br>cording to university rules. | n. He   |                         |                |                       |               |                 |                      |
| Place                      | e:  |   |         |                         |                |                       |               |                 |                      |
| Date                       | Date:                                       |   |         |                         |                |                       |               |                 |                      |



Date:

#### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status:   |   |                   |                      | Examination form<br>095216                             | 1 No.:          | Division/Section:    | Roll No        | ).:              | Perarthana           |  |
|----------------------------|---|-------------------|----------------------|--|-----------------|----------------------|----------------|------------------|----------------------|--|
| :                          | 2017016401264915                        | Р                 | rovisional           |  |                 | С                    | 188            |                  | Narang               |  |
| nstrı                      | uction Medium:                          | · ·               |                      |  |                 | Nationality:         | India          |                  |                      |  |
|                            |   |                   |                      | Student's Perso  | nal Informati   | ion                  |                |                  |                      |  |
| Stud                       | ent's Name: NARAN                       | NG PRARTH         | ANA                  |  |                 | Mother's Name: Pl    | JJA            | (                | Gender: Female       |  |
| Nam                        | e in Vernacular Langua                  | age:नारंग प्रार्थ | ना                   |  |                 |                      |                |                  |                      |  |
| ٩ddr                       | ess: A-201 PARK DEV                     | V SECTOR-2        | 0, PLOT NO73 K       | HARGHAR, NAVI MUMI                                     | BAI             |                      |                |                  |                      |  |
| City:                      | navi mumbai, Taluka:                    | Panvel, Distri    | ct: Raigad, State: I | Maharashtra, PIN: 4102                                 | 10              |                      |                |                  |                      |  |
| Telep                      | phone no.:                              |                   | Mob                  | ile no: 918454942439                                   |                 | Emai                 | l : prarthnana | rang@g           | mail.com             |  |
| DOB                        | : Sep 10, 1999                          | Ca                | tegory: Open         |  | Physically      | Handicap: No         |                |                  |                      |  |
| Previ                      | ous Latest Examinatio                   | n Details: Se     | m IV(Regular-Rev1    | 16)  | Exam Even       | t: Apr-2019          | Sea            | t No: 066        | 68622 (Status: Pass) |  |
|                            | n form appearance type                  |                   |                      |  |                 |                      |                |                  |                      |  |
|                            | r 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 86001 Operation Research |   |                   |                      |  |                 | Th-UA [ ] ;Th-CA [ ] |                |                  |                      |  |
| 2                          | 86002                                   | International     |                      |  |                 |                      |                | -UA [] ;Th-CA [] |                      |  |
| 3 86008 Project Management |   |                   |                      |  |                 |                      |                | A [ ] ;Th-       |                      |  |
| 4                          | 86011                                   |                   | ancial Managemer     | nt   |                 |                      |                | A [ ] ;Th-       |                      |  |
| 5                          | 86017                                   | Indirect Taxe     |                      |  |                 |                      |                | A [ ] ;Th-       |                      |  |
| 6                          | UBMSFSVI.5                              | Project Work      |                      |  |                 |                      | <del></del>    | JA [ ] ;Pw       |                      |  |
|                            | ocation Fee                             |                   | Exam Form Late       | Fee  | Exam Form       | Super Late Fee       | Exa            | mination         | Fees                 |  |
| Mark                       | Statement Fee                           |                   | Total:               |  |                 |                      |                |                  |                      |  |
| Pavn                       | nent Details:                           | Amount Rece       | ived:                | Call   | ege Receint     | No. and Date:        |                |                  |                      |  |
| DD N                       |   | Allount recc      | MICR No:             |  | DD Date:        | IVO. and Date.       | Bank           | <del></del>      |                      |  |
|                            | er Preference (Code/N                   | lame).            | imorrio.             |  | <i>DD Dato.</i> |                      |                |                  |                      |  |
|                            | e Preference (Code/N                    |                   |                      |  |                 |                      |                |                  |                      |  |
| Γο, Τ                      | he Controller of Exam                   | ination,          |                      |  |                 |                      |                | Place:           | Vidyavihar           |  |
| decla                      | re that all statement m                 | nade 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<br>or day fixed for universit |                 | 11 0                 |                |                  |                      |  |
| other                      | ground. Í understand                    |                   |                      | ion being found false or                               |                 |                      |                |                  |                      |  |
| canc                       | celled or rejected. Student's Signature |                   |                      |  |                 |                      |                |                  |                      |  |
| Decla                      | aration by Principal/HC                 | D/Chairperso      | on                   |  |                 |                      |                |                  |                      |  |
| respo                      |   | ectification of   | the information. H   | / me. The information pr<br>e/she is regular student   |                 |                      |                |                  |                      |  |
| Place                      | ):                                      |                   |                      |  |                 |                      |                |                  |                      |  |
|                            |   |                   |                      | 1  |                 |                      |                |                  |                      |  |



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

 $\label{thm:continuous} \mbox{Application Form for Examination of Summer Session 2020 event.}$ 

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

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|  | PRN:  | Eligi            | bility Status:       | Examination form 095217   | No.:  | Division/Section:   | Roll No        | ).:               |                            |  |
|--|---|------------------|----------------------|---|---|---------------------|----------------|-------------------|----------------------------|--|
|  | 2017016401264923  |                  | Eligible             |   | I   | В                   | 133            |                   | nonline                    |  |
| Instru                                   | uction Medium:  |                  | -                    |   |   | Nationality:        | India          |                   |                            |  |
|  |   |                  |                      | Student's Persor  | nal Informati   | on                  |                |                   |                            |  |
| Stud                                     | ent's Name: BALAJ   | II MANIVANN      | AN                   |   |   | Mother's Name: C    | HITRA          | (                 | Gender: Male               |  |
| Nam                                      | e in Vernacular Langu   | age:BALAJI M     | IANIVANNAN           |   |   |                     |                |                   |                            |  |
| Addr                                     | ess: 504, 5th FLOOR,  | NEW VISHW        | AS BUILDING, D.      | K SANDHU MARG, CHE  | MBUR, MU  | MBAI - 400 071.     |                |                   |                            |  |
| City:                                    | MUMBAI, Taluka: Kur   | la, District: Μι | ımbai Suburban, S    | tate: Maharashtra, PIN:   | 400071  |                     |                |                   |                            |  |
| Tele                                     | ohone no.:  |                  | Mob                  | ile no: 919920601323  |   | Emai                | l : balajim132 | 3@gmai            | il.com                     |  |
| DOB                                      | : Jun 19, 1999  | Cat              | tegory: Open         |   | Physically  | Handicap: Learning  | Disability     |                   |                            |  |
| Prev                                     | ious Latest Examinatio  | n Details: Ser   | m IV(Regular-Rev1    | 6)  | Exam Even   | t: Apr-2019         | Seat           | t No: 066         | 68737 (Status: Pass)       |  |
| Exan                                     | n form appearance typ   | e: Fresher       |                      |   |   |                     |                |                   |                            |  |
| Pape                                     | er Details: Plea  | ase select Pa    | per details which y  | ou want to appear ( UA -  | u want to appear ( UA - University Assessment, CA - College |                     |                |                   |                            |  |
| SN                                       | Paper Code  |                  |                      | Paper Name  |   |                     |                | AM - AT           |                            |  |
| 1  | 86001   | Operation Re     | esearch              | Tr  |   |                     |                | A [ ] ;Th-        | CA[]                       |  |
| 2  | 86004   | HRM in Glob      | al Perspective       |   |   | Th-U                | A [ ] ;Th-     | CA[]              |                            |  |
| 3  | 86010   | HRM in Serv      | rice Sector Manage   | ment  |   |                     |                | A [ ] ;Th-        | CA[]                       |  |
| 4  | 86016   | Human Resc       | ource Accounting a   | d Audit   |   |                     | Th-U           | Th-UA [];Th-CA [] |                            |  |
| 5  | 86019   | Indian Ethos     | in Management        |   |   |                     | Th-U           | A [ ] ;Th-        | CA[]                       |  |
| 6  | UBMSFSVI.5  | Project Work     |                      |   |   |                     | Pw-U           | A[];Pw            | r-CA []                    |  |
| Conv                                     | ocation Fee   |                  | Exam Form Late I     | Fee I   | Exam Form   | Super Late Fee      | Exa            | mination          | Fees                       |  |
| Mark                                     | Statement Fee   |                  | Total:               |   |   |                     |                |                   |                            |  |
|  |   |                  | <del> </del>         | 1   |   |                     |                |                   |                            |  |
|  |   | Amount Recei     | T                    | <del></del>   |   | No. and Date:       |                |                   |                            |  |
| DD N                                     |   |                  | MICR No:             |   | DD Date:  |                     | Bank           | ί:                |                            |  |
|  | er Preference (Code/N   |                  |                      |   |   |                     |                |                   |                            |  |
|  | e Preference (Code/N  |                  |                      |   |   |                     |                |                   |                            |  |
|  | he Controller of Exam   |                  |                      |   |   |                     |                | Place:            | Vidyavihar                 |  |
| decla                                    | are that all statement m  | nade in this ap  | oplication are true, | nination. I have remitted to<br>complete and correct to to<br>bed for the examination | the best of m   | ny knowledge and be | elief. I       | Date:             |                            |  |
|  |   |                  |                      | or day fixed for university   |   |                     |                |                   |                            |  |
| othe                                     | ground. I understand  |                  |                      | on being found false or i   |   |                     |                |                   |                            |  |
| canc                                     | elled or rejected.  |                  |                      |   |   |                     |                | St                | udent's Signature          |  |
| Declaration by Principal/HOD/Chairperson |   |                  |                      |   |   |                     | -              |                   |                            |  |
| resp                                     | 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                                    | <b>9</b> :  |                  |                      |   |   |                     |                |                   |                            |  |
| Date                                     |   |                  |                      |   |   |                     |                |                   |                            |  |
| -410                                     | •   |                  |                      | College Staff Signature   |   |                     |                |                   | nature of<br>D/Chairperson |  |



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

 $\label{policy density of Summer Session 2020 event.} Application Form for Examination of Summer Session 2020 event.$ 

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

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Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status: |  |                                  |   | Examination form 095218                  | n No.:          | Division/Secti | ion:        | Roll No.:   |                  |                     |  |
|--------------------------|--|----------------------------------|---|--|-----------------|----------------|-------------|-------------|------------------|---------------------|--|
| :                        | 2017016401264946   |                                  | Eligible                                  |  |                 | А              |             | 10          |                  | Les princis         |  |
| nstru                    | uction Medium:   | •                                |   |  |                 | Nationality:   | Ir          | ndia        | •                |                     |  |
|                          |  |                                  |   | Student's Perso                          | onal Informati  | on             |             |             |                  |                     |  |
| Stude                    | ent's Name: <b>DEDHI</b>   | ВНИМІ НЕ                         | MANT                                      |  |                 | Mother's Nar   | me: RUP/    | AL          | G                | Gender: Female      |  |
| Nam                      | e in Vernacular Langua   | ge:દેઢિયા ભૂિ                    | મે ફેમંત                                  |  |                 |                |             |             | •                |                     |  |
| Addr                     | ess: A-504,SUMER CA  | STLE,LBS N                       | MARG, CASTLE MI                           | LL NAKA, THANE WES                       | ST              |                |             |             |                  |                     |  |
| City:                    | THANE, Taluka: Thane   | , District: Th                   | ane, State: Mahara                        | ashtra, PIN: 400601                      |                 |                |             |             |                  |                     |  |
| Telep                    | ohone no.: 25478388  |                                  | Mob                                       | ile no: 917718836494                     |                 |                | Email : b   | ohumidedhia | 99@gr            | mail.com            |  |
| OOB                      | : Jul 25, 1999   | Ca                               | tegory: Open                              |  | Physically      | Handicap: No   | )           |             |                  |                     |  |
| Previ                    | ious Latest Examination  | Details: Se                      | m IV(Regular-Rev1                         | 6)                                       | Exam Even       | t: Apr-2019    |             | Seat N      | lo: 066          | 8659 (Status: Pass) |  |
|                          | n form appearance type   | : Fresher                        |   |  |                 |                |             |             |                  |                     |  |
| Pape                     | r Details: Plea  | se select Pa                     | per details which y                       | ou want to appear ( UA                   | - University A  | Assessment,C/  | A - Colleg  | je Assessme | nt )             |                     |  |
| SN                       | Paper Code   |                                  |   | Paper Name                               |                 |                |             |             |                  | AM - AT             |  |
| 1                        | 86001  | Operation Re                     | esearch                                   |  |                 |                |             | Th-UA [     | [];Th-(          | CA[]                |  |
| 2                        | 86003  | Brand Mana                       | gement                                    |  |                 |                |             | Th-UA [     | [];Th-(          | CA[]                |  |
| 3                        | 86006  | Retail Mana                      | gement                                    | Th-l                                     |                 |                |             |             | -UA [] ;Th-CA [] |                     |  |
| 4                        | 86009  | nternational                     | Marketing                                 |  |                 |                |             | Th-UA [     | [];Th-(          | CA[]                |  |
| 5                        | 86012  | Media Plann                      | ing and Manageme                          | ent                                      |                 |                |             | Th-UA [     | [];Th-0          | CA[]                |  |
| 6                        | UBMSFSVI.5   | Project Work                     | (   |  |                 |                |             | Pw-UA       | [];Pw            | -CA[]               |  |
| Conv                     | ocation Fee  |                                  | Exam Form Late                            | Fee                                      | Exam Form       | Super Late Fe  | e           | Exami       | nation           | Fees                |  |
| Mark                     | Statement Fee  |                                  | Total:                                    |  |                 |                |             |             |                  |                     |  |
| <b></b>                  | Datables A   |                                  | •   | 0.1                                      | D               | No. and Date   |             |             |                  |                     |  |
| _                        |  | mount Rece                       | T   |  | <u> </u>        | No. and Date:  |             | lpi         |                  |                     |  |
| DD N                     |  | \                                | MICR No:                                  |  | DD Date:        |                |             | Bank:       |                  |                     |  |
|                          | er Preference (Code/Na   |                                  |   |  |                 |                |             |             |                  |                     |  |
|                          | e Preference (Code/Na  |                                  |   |  |                 |                |             |             |                  |                     |  |
|                          | he Controller of Examir  |                                  |   | et e agrecia. E forma e a como estra e a |                 | ( (            |             |             | Place:           | Vidyavihar          |  |
|                          | uest permission to presented that all statement ma   |                                  |   |  |                 |                |             |             | ate:             |                     |  |
| nave                     | gone through the syllal  | ous and the l                    | list of books prescr                      | bed for the examination                  | n for which I a | m appearing.   | I shall not | t 📙         |                  |                     |  |
|                          | est for any special conc<br>ground. I understand tl  |                                  |   |  |                 |                |             |             |                  |                     |  |
|                          | elled or rejected.   | 100 000                          | one or arry imprimate                     | on boing round raise or                  |                 | ouridiadia o   | o nabio to  |             | _                |                     |  |
|                          |  |                                  |   |  |                 |                |             |             | Stu              | ident's Signature   |  |
| This<br>respo            | aration by Principal/HOI<br>form is carefully scrutin<br>consibility of fulfillment/re<br>se/term work (if any) ac | ized by the (<br>ectification of | College staff and by f the information. H |  |                 |                |             |             |                  |                     |  |
| Place                    | e:   |                                  |   |  |                 |                |             |             |                  |                     |  |
| )oto                     |  |                                  |   |  |                 |                |             |             |                  |                     |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:



|       | PRN:                     | Eligi           | bility Status:       | 095219  | II INO                      | Division/Section:     | Roll No               | ).:                                   | Dlayak               |  |
|-------|--------------------------|-----------------|----------------------|---|-----------------------------|-----------------------|-----------------------|---------------------------------------|----------------------|--|
|       | 2017016401264954         |                 | Eligible             |   | III                         | Α                     | 44                    |                                       | 1-1-1-1              |  |
| Instr | uction Medium:           | •               |                      |   |                             | Nationality:          | India                 |                                       |                      |  |
|       |                          |                 |                      | Student's Pers  | onal Informati              | on                    |                       |                                       |                      |  |
| Stud  | ent's Name: <b>NAYA</b>  | K KRUPA DA      | MODAR                |   |                             | Mother's Name: D      | EEPA                  | (                                     | Gender: Female       |  |
| Nam   | e in Vernacular Langu    | ıage:नायक कृप   | ग दामोदर             |   |                             |                       |                       |                                       |                      |  |
| Addı  | ess: 1, SURESH BHA       | VAN, OLD DO     | MBIVLI ROAD, N       | EAR BHARAT MATA S   | CHOOL, SHA                  | STRI NAGAR, DON       | IBIVLI WEST           |                                       |                      |  |
| City: | DOMBIVLI, Taluka: K      | alyan, District | : Thane, State: Mal  | narashtra, PIN: 421202  |                             |                       |                       |                                       |                      |  |
| Tele  | phone no.:               |                 | Mob                  | ile no: 919930549323  |                             | Ema                   | il : 35krupa@g        | gmail.co                              | m                    |  |
| DOE   | 3: Jun 05, 2000          | Ca              | tegory: Open         |   | Physically                  | Handicap: No          |                       |                                       |                      |  |
| Prev  | ious Latest Examination  | on Details: Se  | m IV(Regular-Rev1    | 6)  | Exam Even                   | t: Apr-2019           | Sea                   | t No: 066                             | 68691 (Status: Pass) |  |
| Exar  | n form appearance typ    | e: Fresher      |                      |   |                             |                       |                       |                                       |                      |  |
| Pape  | er Details: Ple          | ase select Pa   | per details which y  | ou want to appear ( UA  | - University A              | Assessment,CA - Co    | llege Assessr         | · · · · · · · · · · · · · · · · · · · |                      |  |
| SN    | Paper Code               |                 |                      | Paper Name  |                             |                       |                       | AM - AT                               |                      |  |
| 1     | 86001                    | Operation Re    | esearch              |   |                             |                       | Th-U                  | A [ ] ;Th-                            | ·CA[]                |  |
| 2     | 86003                    | Brand Manag     | gement               |   |                             | Th-U                  | A [ ] ;Th-            | ·CA[]                                 |                      |  |
| 3     | 86006                    | Retail Manag    | gement               | Th  |                             |                       |                       |                                       | ·CA[]                |  |
| 4     | 86009                    | International   | Marketing            |   |                             |                       | Th-U                  | Th-UA [];Th-CA []                     |                      |  |
| 5     | 86012                    | Media Plann     | ing and Manageme     | ent   |                             |                       | Th-U                  | A [ ] ;Th-                            | ·CA[]                |  |
| 6     | UBMSFSVI.5               | Project Work    | (                    |   |                             |                       | Pw-U                  | A[];Pw                                | /-CA[]               |  |
| Con   | vocation Fee             |                 | Exam Form Late       | Fee   | ee Exam Form Super Late Fee |                       |                       | mination                              | Fees                 |  |
| Marl  | Statement Fee            |                 | Total:               |   |                             |                       |                       |                                       |                      |  |
| D     | mant Datallar            | A               | : d.                 | 0-1   | lana Danaint                | No. and Date:         |                       |                                       |                      |  |
| DD I  |                          | Amount Rece     | MICR No:             | Col   | DD Date:                    | No. and Date:         | Ponk                  | ,.                                    |                      |  |
|       |                          | Jama).          | MICK NO.             |   | DD Date.                    |                       | Bank                  | \ <u>.</u>                            |                      |  |
|       | ter Preference (Code/N   |                 |                      |   |                             |                       |                       |                                       |                      |  |
|       | ue Preference (Code/N    |                 |                      |   |                             |                       |                       | I                                     |                      |  |
| •     |                          | •               | r the enquing even   | vination I have remitted  | l tha proporih              | ad foo for the come   | Lhoroby               | Place:                                | Vidyavihar           |  |
| decl  | are that all statement n | nade in this ap | oplication are true, | nination. I have remitted<br>complete and correct to                    | the best of n               | ny knowledge and be   | elief. I              | Date:                                 |                      |  |
|       |                          |                 |                      | bed for the examination<br>or day fixed for universi                    |                             |                       |                       |                                       |                      |  |
|       |                          |                 |                      | on being found false or   |                             |                       |                       |                                       |                      |  |
| cano  | elled or rejected.       |                 |                      | -   |                             |                       |                       | <sub>C+</sub>                         | udent's Signature    |  |
| Decl  | aration by Principal/H0  | ∩D/Chairnere    | n e                  |   |                             |                       |                       | J 01                                  | udent's Olynature    |  |
|       | •                        | -               |                      | me. The information p   | rinted in the f             | orm is correct to the | hest of my kn         | owledae                               | Lalso undertake the  |  |
|       |                          |                 |                      | e/she is regular studen   |                             |                       |                       |                                       |                      |  |
| cour  | se/term work (if any) a  | ccording to ur  | niversity rules.     | -   |                             |                       |                       |                                       |                      |  |
|       |                          |                 |                      |   |                             |                       |                       |                                       |                      |  |
| Plac  | e:                       |                 |                      |   |                             |                       |                       |                                       |                      |  |
|       |                          |                 |                      |   |                             |                       |                       |                                       |                      |  |
| Date  | :                        |                 |                      | Calle as Chaff Cinnature  |                             |                       | Cool and Circust 1994 |                                       |                      |  |
|       |                          |                 |                      | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|  | PRN:   | Elig           | ibility Status:      | Examination forn<br>095220                            | n No.:         | Division/Section:     | Roll No                   | ).:        | (8)                  |  |
|--|--|----------------|----------------------|---|----------------|-----------------------|---------------------------|------------|----------------------|--|
|  | 2017016401264962   |                | Eligible             |   |                | В                     | 108                       |            | Panjaha              |  |
| nstrı                                    | uction Medium:   |                |                      |   |                | Nationality:          | India                     |            |                      |  |
|  |  |                |                      | Student's Perso                                       | onal Informati | on .                  |                           |            |                      |  |
| Stud                                     | ent's Name: PANJA  | BI DEEPEN      | SUNIL                |   |                | Mother's Name: AA     | ARTI                      | (          | Gender: Male         |  |
| Nam                                      | e in Vernacular Langua   | ge:PANJAB      | I DEEPEN SUNIL       |   |                | •                     |                           |            |                      |  |
| Addr                                     | ess: "SHREENATH" OI  | PPOSITE SS     | SD GARDEN DURG       | GA MATA ROAD  |                |                       |                           |            |                      |  |
| City:                                    | JALNA, Taluka: Jalna,  | District: Jalr | na, State: Maharash  | ntra, PIN: 431203                                     |                |                       |                           |            |                      |  |
| ГеІеј                                    | ohone no.: 237122  |                | Mob                  | ile no: 917767860106                                  |                | Emai                  | l : panjabidee            | pen123(    | @gmail.com           |  |
| ООВ                                      | : Feb 20, 1999   | Ca             | ategory: Open        |   | Physically     | Handicap: No          |                           |            |                      |  |
| Prev                                     | ious Latest Examination  | n Details: Se  | m IV(Regular-Rev     | 6)  | Exam Even      | t: Apr-2019           | Sea                       | t No: 066  | 88744 (Status: Pass) |  |
|  | n 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    | lege Assessn              | essment)   |                      |  |
| SN                                       | Paper Code   |                |                      | Paper Name  |                |                       |                           | AM - AT    |                      |  |
| 1  | 86001  | Operation R    | esearch              |   |                |                       | Th-U                      | A [ ] ;Th- | CA[]                 |  |
| 2  | 86004  | HRM in Glol    | bal Perspective      |   |                | Th-U                  | A [ ] ;Th-                | CA[]       |                      |  |
| 3  | 86010  | HRM in Serv    | vice Sector Manage   | ement   |                | Th-U                  | Th-UA [ ] ;Th-CA [ ]      |            |                      |  |
| 4  | 86016  | Human Res      | ource Accounting a   | nd Audit  |                | Th-U                  | Th-UA [];Th-CA []         |            |                      |  |
| 5  | 86019  | Indian Ethos   | s in Management      |   |                |                       | Th-U                      | A [ ] ;Th- | CA[]                 |  |
| 6  | UBMSFSVI.5   | Project Worl   | k                    |   |                |                       | Pw-U                      | A[];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    |                      | Col   | lege Receint   | No. and Date:         |                           |            |                      |  |
| DD N                                     |  | unount rece    | MICR No:             |   | DD Date:       | 140. drid Bate.       | Bank                      |            |                      |  |
|  | er Preference (Code/Na   | ame).          | MIOITIVO.            |   | DD Date.       |                       |                           |            |                      |  |
|  | ie Preference (Code/Na   |                |                      |   |                |                       |                           |            |                      |  |
|  | he Controller of Exami   |                |                      |   |                |                       |                           | Place:     | Vidyavihar           |  |
|  |  |                | or the ensuing exan  | nination. I have remitted                             | the prescribe  | ed fee for the same.  | l hereby                  | Flace.     | viuyaviilai          |  |
| decla                                    | are that all statement m   | ade in this a  | pplication are true, | complete and correct to                               | the best of n  | ny knowledge and be   | elief. I                  | Date:      |                      |  |
|  |  |                |                      | ibed for the examinatior<br>or day fixed for universi |                |                       |                           |            |                      |  |
| othe                                     | ground. I understand t   |                |                      | on being found false or                               |                |                       |                           |            |                      |  |
| canc                                     | elled or rejected.   |                |                      |   |                |                       |                           | St         | udent's Signature    |  |
| Declaration by Principal/HOD/Chairperson |  |                |                      |   |                |                       |                           |            | adoni o oignataro    |  |
|  | 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 |                |                      |   |                |                       |                           |            |                      |  |
| esp                                      | onsibility of fulfillment/re   | ectification o | f the information. H | e/she is regular student                              |                |                       |                           |            |                      |  |
| cour                                     | se/term work (if any) ac   | cording to u   | niversity rules.     |   |                |                       |                           |            |                      |  |
| Oloc                                     |  |                |                      |   |                |                       |                           |            |                      |  |
| Place                                    | <del>5</del> .   |                |                      |   |                |                       |                           |            |                      |  |
|  |  |                |                      |   |                |                       |                           |            |                      |  |
| Date                                     | -  |                |                      | College Staff Signature                               |                | Seal and Signature of |                           |            |                      |  |
|  |  |                |                      | College Stall Signature                               |                |                       | Principal/HOD/Chairperson |            |                      |  |



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

 $\label{thm:continuous} \mbox{Application Form for Examination of Summer Session 2020 event.}$ 

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

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|   | PRN:  | Eligi            | bility Status:      | Examination 09522     |                     | Division/Section:     | Roll No        | .:                 | - 14/h               |
|---|---|------------------|---------------------|-----------------------|---------------------|-----------------------|----------------|--------------------|----------------------|
|   | 2017016401264977  |                  | Eligible            |                       |                     | Α                     | 42             |                    | Naitib               |
| Instr   | uction Medium:  |                  |                     |                       |                     | Nationality:          | India          |                    |                      |
|   |   |                  |                     | Student's P           | ersonal Informati   | on                    |                |                    |                      |
| Stud  | ent's Name: NAGD  | A NAITIK BIP     | IN                  |                       |                     | Mother's Name: H      | EENA           | (                  | Gender: Male         |
| Nam   | e in Vernacular Langua  | age:નાગડા નૈિ    | તેક બિપિન           |                       |                     |                       |                |                    |                      |
| Addr  | ess: 705, B-Wing, Moh   | an Mansion (     | Gulmohar Lane, Ch   | unabhatti(East) Mu    | mbai 400022         |                       |                |                    |                      |
| City:   | Mumbai, Taluka: Mum   | bai, District: N | Mumbai City, State  | Maharashtra, PIN:     | 400022              |                       |                |                    |                      |
| Tele  | phone no.: 24050125   |                  | Mob                 | ile no: 9170458189    | 54                  | Emai                  | l: naitik.nagd | a@gmai             | l.com                |
| DOB   | : Nov 09, 1999  | Cat              | egory: Open         |                       | Physically          | Handicap: No          |                |                    |                      |
|   | ious Latest Examinatio  |                  | m IV(Regular-Rev1   | 6)                    | Exam Even           | t: Apr-2019           | Seat           | No: 066            | 88689 (Status: Pass) |
| Exar  | n form appearance type  |                  |                     |                       |                     |                       |                |                    |                      |
| Pape  |   | ase select Pa    | per details which y | ou want to appear (   | UA - University A   | ssessment,CA - Co     | llege Assessn  | nent)              |                      |
| SN  | Paper Code  |                  |                     | Paper Na              | me                  |                       |                |                    | AM - AT              |
| 1   | 86001   | Operation Re     |                     |                       |                     |                       |                |                    | CA[]                 |
| 2   | 86003   | Brand Manag      | -                   |                       |                     |                       |                |                    | CA[]                 |
| 3   | 86006   | Retail Manag     |                     |                       |                     |                       |                | 4 [ ] ;Th-         |                      |
| 4   | 86009   | International    |                     |                       |                     |                       |                | Th-UA [] ;Th-CA [] |                      |
| 5   | 86012   |                  | ing and Manageme    | ent                   |                     |                       |                | 4 [ ] ;Th-         |                      |
| 6   | UBMSFSVI.5  | Project Work     | 1                   |                       |                     |                       | <del></del>    | A [ ] ;Pw          |                      |
|   | ocation Fee   |                  | Exam Form Late      | Fee                   | Exam Form           | Super Late Fee        | Exar           | nination           | Fees                 |
| Mark  | Statement Fee   |                  | Total:              |                       |                     |                       |                |                    |                      |
| Payr  | nent Details:   | Amount Recei     | ived:               |                       | College Receipt     | No. and Date:         |                |                    |                      |
| DD N  | No:   |                  | MICR No:            |                       | DD Date:            |                       | Bank           | :                  |                      |
| Cent  | er Preference (Code/N   | lame):           |                     |                       |                     |                       |                |                    |                      |
| Venu  | ue Preference (Code/N   | ame):            |                     |                       |                     |                       |                |                    |                      |
| To, 1   | The Controller of Exam  | ination,         |                     |                       |                     |                       |                | Place:             | Vidyavihar           |
| decla   | uest permission to pres<br>are that all statement me<br>gone through the sylla  | nade in this ap  | plication are true, | complete and corre    | ct to the best of n | ny knowledge and be   | elief. I       | Date:              |                      |
| requ<br>othe  | est for any special cond<br>r ground. I understand  | cession such     | as change in time   | or day fixed for univ | ersity Examination  | n etc. on religious o | r any          |                    |                      |
| 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 ourse/term work (if any) according to university rules. |                  |                     |                       |                     |                       |                |                    |                      |
| 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.

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

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|       | PRN:   | Fligi            | ibility Status:      | Examination 1           |  | Division/Section:     | Roll No                   | $\overline{}$   |                         |  |  |
|-------|--|------------------|----------------------|-------------------------|--|-----------------------|---------------------------|-----------------|-------------------------|--|--|
|       |  |                  | •                    | 09522<br>               |  |                       | 66                        | ···             | + famanat               |  |  |
|       | 2017016401264985   | P                | Provisional          |                         | ###################################### | А                     | ļ                         |                 |                         |  |  |
| nstru | uction Medium:   |                  |                      |                         |  | Nationality:          | India                     |                 |                         |  |  |
|       |  |                  |                      | Student's Pr            | Personal Informati                     |                       |                           |                 |                         |  |  |
|       |  | WAT HARSH        |                      |                         |  | Mother's Name: M/     | ANJU                      |                 | Gender: Male            |  |  |
| Name  | e in Vernacular Langua   | age:हर्षित कुम   | ावत                  |                         |  |                       |                           |                 |                         |  |  |
|       | ess: B-204, Shiv Shakt   |                  |                      |                         |  |                       |                           |                 |                         |  |  |
|       | Navi Mumbai, Taluka:   | Thane, Distri    |                      |                         |  |                       |                           |                 |                         |  |  |
|       | phone no.: 27790331  |                  | I                    | oile no: 91932113082    |  |                       | il : hkumawat2            | 229@gm          | nail.com                |  |  |
|       | : Nov 27, 1999   | i                | tegory: Open         |                         | <del></del>                            | / Handicap: No        |                           |                 |                         |  |  |
|       | ious Latest Examinatio   |                  | m IV(Regular-Rev     | 6)                      | Exam Even                              | it: Apr-2019          | Seat                      | t No: 066       | 68681 (Status: Pass)    |  |  |
|       | n form appearance type   |                  |                      |                         |  |                       |                           |                 |                         |  |  |
|       |  | ase select Par   | per details which y  | ou want to appear (     |  | llege Assessn         | nent)                     |                 |                         |  |  |
| SN    | Paper Code   |                  |                      | Paper Nar               | me                                     |                       |                           | AM - AT         |                         |  |  |
| 1     | 86001  | Operation Re     |                      |                         |  |                       | A [ ] ;Th-                |                 |                         |  |  |
| 2     | 86003  | Brand Manag      | <u> </u>             |                         |  |                       | A [ ] ;Th-                |                 |                         |  |  |
| 3     | 86006  | Retail Manag     |                      |                         |  |                       |                           | Th-UA[];Th-CA[] |                         |  |  |
| 4     | 86009  | International    | <del>-</del>         |                         |  |                       |                           |                 | Th-UA[];Th-CA[]         |  |  |
| 5     | 86012  |                  | ning and Manageme    | ent                     |  |                       |                           | A [ ] ;Th-      |                         |  |  |
| 6     | UBMSFSVI.5   | Project Work     |                      |                         |  |                       | <u> </u>                  | JA [ ] ;Pw      |                         |  |  |
|       | ocation Fee  |                  | Exam Form Late       | Fee                     | Exam Form                              | Super Late Fee        | Exar                      | mination        | Fees                    |  |  |
| Mark  | Statement Fee  |                  | Total:               |                         |  |                       |                           |                 |                         |  |  |
| Pavn  | nent Details:  | Amount Recei     | ived.                |                         | College Receipt                        | No. and Date:         |                           |                 |                         |  |  |
| DD N  |  | Willouin         | MICR No:             |                         | DD Date:                               | Tio. and Date.        | Bank                      |                 |                         |  |  |
|       | er Preference (Code/N  | Vame):           |                      |                         |  |                       |                           | -               |                         |  |  |
|       | ue Preference (Code/N  |                  |                      |                         |  |                       |                           |                 |                         |  |  |
|       | The Controller of Exam   |                  |                      |                         |  |                       |                           | Place:          | Vidyavihar              |  |  |
|       | uest permission to pres  |                  | or the ensuing exar  | nination. I have remi   | itted the prescrib                     | ed fee for the same.  | I hereby                  | 1 1000.         | Viayaviilai             |  |  |
| decla | are that all statement m   | made in this ap  | pplication are true, | complete and correct    | ct to the best of m                    | ny knowledge and be   | elief. I                  | Date:           |                         |  |  |
|       | gone through the syllates go and the syllates go and special conditions and special conditions are go and the syllates are go as a second so and the syllates are go as a second so a seco |                  |                      |                         |  |                       |                           |                 |                         |  |  |
| other | r ground. I understand   |                  |                      |                         |  |                       |                           |                 |                         |  |  |
| cance | elled or rejected.   |                  |                      |                         |  |                       |                           | St              | tudent's Signature      |  |  |
| Decla | aration by Principal/HC  | OD/Chairperso    | on                   |                         |  |                       |                           |                 | -                       |  |  |
| This  | form is carefully scruting   | inized by the C  | College staff and by | y me. The informatic    | on printed in the f                    | orm is correct to the | best of my kn             | iowledge        | e. I also undertake the |  |  |
| respo | onsibility of fulfillment/r<br>se/term work (if any) ac  | rectification of | f the information. H | e/she is regular stud   | dent of this Collec                    | ge and has complete   | d the required            | d attenda       | ance and practical      |  |  |
| COura | Se/term work (II arry) at  | ccording to un   | ilversity rules.     |                         |  |                       |                           |                 |                         |  |  |
| Place | ٠.   |                  |                      |                         |  |                       | I                         |                 |                         |  |  |
| lace  | <i>.</i>   |                  |                      |                         |  |                       | I                         |                 |                         |  |  |
| Date: |  |                  |                      |                         |  |                       | I                         |                 |                         |  |  |
| Jaic. |  |                  |                      | College Staff Signature |  | Seal and Signature of |                           |                 |                         |  |  |
|       |  |                  |                      | College Stall Signature |  |                       | Principal/HOD/Chairperson |                 |                         |  |  |



### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



|  | PRN: Eligibility Status:  |                 |                      | Examination for<br>095223 | m No.:           | Division/Section:      | Roll No        | ):         |                            |
|--|---|-----------------|----------------------|---------------------------|------------------|------------------------|----------------|------------|----------------------------|
|  | 2017016401265002  |                 | Eligible             |                           |                  | Α                      | 28             |            | Jan Maria                  |
| Instr  | uction Medium:  |                 |                      |                           |                  | Nationality:           | India          |            |                            |
|  |   |                 |                      | Student's Pers            | sonal Informati  | on                     |                |            |                            |
| Stud   | ent's Name: <b>JOSHI</b>  | VIDUR KIRT      | I                    |                           |                  | Mother's Name: LA      | ATA            | (          | Gender: Male               |
| Nam  | e in Vernacular Langu   | age:વિદુર       |                      |                           |                  |                        |                |            |                            |
| Addr   | ess: B/503, Sudhir Tov  | ver Near Sha    | nti Industries, S.N. | Road Mulund West          |                  |                        |                |            |                            |
| City:  | Mumbai, Taluka: Kurla   | a, District: Mu | mbai Suburban, St    | ate: Maharashtra, PIN     | : 400080         |                        |                |            |                            |
| Tele   | ohone no.:  |                 | Mob                  | ile no: 919768419454      |                  | Emai                   | l : vidurj43@g | gmail.com  | m                          |
| DOB  | : Oct 26, 1999  | Cat             | tegory: Open         |                           | Physically       | Handicap: No           |                |            |                            |
| Prev   | ious Latest Examinatio  | n Details: Sei  | m IV(Regular-Rev1    | 6)                        | Exam Even        | t: Apr-2019            | Seat           | t No: 066  | 68675 (Status: Pass)       |
| Exar   | n form appearance typ   | e: Fresher      |                      |                           |                  |                        |                |            |                            |
| Pape   | er Details: Plea  | ase select Pa   | per details which y  | ou want to appear ( U     | A - University A | Assessment,CA - Co     | llege Assessn  | nent)      |                            |
| SN   | Paper Code  |                 |                      | Paper Name                | )                |                        |                | AM - AT    |                            |
| 1  | 86001   | Operation Re    | esearch              |                           |                  |                        | Th-U           | A [ ] ;Th- | CA[]                       |
| 2  | 86003   | Brand Manag     | gement               |                           |                  |                        | Th-U           | A [ ] ;Th- | CA[]                       |
| 3  | 86006   | Retail Manag    | gement               |                           |                  |                        | Th-U           | A [ ] ;Th- | CA[]                       |
| 4  | 86009   | International   | Marketing            |                           |                  |                        |                | A [ ] ;Th- |                            |
| 5  | 86012   |                 | ing and Manageme     | ent                       |                  |                        | Th-U           | A [ ] ;Th- | CA[]                       |
| 6  | UBMSFSVI.5  | Project Work    |                      |                           |                  |                        | Pw-U           | A[];Pw     | /-CA [ ]                   |
| Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Exam Fee Exam Form Super Late Fee Exam Fee Ex |   |                 |                      |                           |                  |                        |                | mination   | Fees                       |
| Mark   | Statement Fee   |                 | Total:               |                           |                  |                        |                |            |                            |
| Payr   | nent Details:   | Amount Rece     | ived:                | Co                        | ollege Receipt   | No. and Date:          |                |            |                            |
| DD N   |   |                 | MICR No:             |                           | DD Date:         |                        | Bank           | ::<br>::   |                            |
| Cent   | er Preference (Code/N   | lame):          |                      |                           | 1                |                        |                |            |                            |
| Venu   | ie Preference (Code/N   | ame):           |                      |                           |                  |                        |                |            |                            |
| To, 1  | he Controller of Exam   | ination,        |                      |                           |                  |                        |                | Place:     | Vidyavihar                 |
| decla  | uest permission to pres<br>are that all statement m<br>gone through the sylla | nade in this ap | plication are true,  | complete and correct      | to the best of n | ny knowledge and be    | elief. I       | Date:      |                            |
| requ   | est for any special con-<br>ground. I understand                              | cession such    | as change in time    | or day fixed for univers  | sity Examination | on etc. on religious o | r any          |            |                            |
|  | elled or rejected.  |                 | one or any informat  | on boing round raise o    |                  |                        | 7 10 50        | ١          | de alla O'a callana        |
| D1   |   | ND (Ol i        |                      |                           |                  |                        |                | St         | udent'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.   |   |                 |                      |                           |                  |                        |                |            |                            |
| Plac   | ə:  |                 |                      |                           |                  |                        |                |            |                            |
| Date   | :   |                 |                      | Oallace C                 | toff Ciannet     |                        | 01             | and Circ   | antura of                  |
|  |   |                 |                      | College S                 | taff Signature   |                        |                |            | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson

| PRN:           |  | Eligibility Sta         | atus:          | Examination form<br>095224 | า No.:         | Division/Section:      | Roll No.          | .:                              |                      |  |  |
|----------------|--|-------------------------|----------------|----------------------------|----------------|------------------------|-------------------|---------------------------------|----------------------|--|--|
| 2              | 2017016401265017   | Eligible                | ,              |                            |                | Α                      | 61                |                                 | Ogosta               |  |  |
| Instru         | uction Medium:   |                         |                |                            |                | Nationality:           | India             |                                 |                      |  |  |
|                |  |                         |                | Student's Perso            | onal Informati | on                     | -                 |                                 |                      |  |  |
| Stude          | ent's Name: THAKKA   | AR UDAY KANTILAL        | Ľ              |                            |                | Mother's Name: NII     | RMALA             | C                               | Gender: Male         |  |  |
| Name           | e in Vernacular Languaç  |                         | <br>ਜਾਜ        |                            |                |                        |                   |                                 |                      |  |  |
| Addre          | ess: VIVEKANAND WAI  | RD NEAR HANUMA          | AN TEMPLE      | BALLARPUR                  |                |                        |                   |                                 |                      |  |  |
| City:          | BALLARPUR, Taluka: E   | 3allarpur, District: Ch | handrapur, S   | State: Maharashtra, Pli    | N: 442701      |                        |                   |                                 |                      |  |  |
| Telep          | ohone no.:   |                         | Mobi           | ile no: 919604430600       |                | Email                  | : gopalt353@      | gmail.c                         | om                   |  |  |
| DOB:           | : Jul 19, 1998   | Category: C             | Open           |                            | Physically     | Handicap: No           |                   |                                 |                      |  |  |
|                | ious Latest Examination  |                         | gular-Rev16    | 6)                         | Exam Even      | t: Apr-2019            | Seat              | No: 066                         | 68709 (Status: Pass) |  |  |
|                | xam form appearance type: Fresher  |                         |                |                            |                |                        |                   |                                 |                      |  |  |
|                | 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              |  | Operation Research      |                |                            |                |                        |                   | Th-UA[];Th-CA[] Th-UA[];Th-CA[] |                      |  |  |
| 2              |  | Brand Management        |                |                            |                |                        |                   |                                 |                      |  |  |
| 3              |  | Retail Management       |                |                            |                |                        |                   | A [ ] ;Th-0                     |                      |  |  |
| 4              |  | International Marketir  |                |                            |                |                        |                   | ۲ [] ;Th-(                      |                      |  |  |
| 5              |  |                         |                |                            |                |                        |                   |                                 |                      |  |  |
| 6              |  | Project Work            | <del></del>    |                            | <del></del>    |                        | <u> </u>          | A [ ] ;Pw                       |                      |  |  |
|                | vocation Fee   |                         | Form Late F    | <sup>2</sup> ee            | Exam Form      | Super Late Fee         | Exam              | nination                        | Fees                 |  |  |
| Mark           | Statement Fee  | Total:                  |                |                            |                |                        |                   |                                 |                      |  |  |
| Paym           | nent Details: Ar   | mount Received:         |                | Col                        | lege Receipt   | No. and Date:          |                   |                                 |                      |  |  |
| DD N           |  | MICR N                  | No:            |                            | DD Date:       |                        | Bank:             | Bank:                           |                      |  |  |
| Cente          | er Preference (Code/Na   | ıme):                   |                |                            |                |                        |                   |                                 |                      |  |  |
| Venu           | ie Preference (Code/Na   | me):                    |                |                            |                |                        |                   |                                 |                      |  |  |
| To, T          | he Controller of Examin  | ation,                  |                |                            |                |                        |                   | Place:                          | Vidyavihar           |  |  |
| decla          | uest permission to prese<br>are that all statement ma<br>gone through the syllab   | ade in this applicatior | on are true, c | complete and correct to    | the best of m  | ny knowledge and be    | hereby<br>lief. I | Date:                           | •                    |  |  |
| reque<br>other | est for any special conce<br>ground. I understand th   | ession such as chan     | nge in time o  | or day fixed for universit | ty Examinatio  | n etc. on religious or | any               |                                 |                      |  |  |
| cance          | elled or rejected.   |                         |                |                            |                |                        |                   | Stı                             | udent's Signature    |  |  |
| Decla          | aration by Principal/HOD   | D/Chairperson           |                |                            |                |                        |                   |                                 |                      |  |  |
| This respo     | chis form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the esponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical ourse/term work (if any) according to university rules. |                         |                |                            |                |                        |                   |                                 |                      |  |  |
| Place          | »:   |                         |                |                            |                |                        |                   |                                 |                      |  |  |
| D-4            |  |                         |                |                            |                |                        |                   |                                 |                      |  |  |



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

Application Form for Examination of Summer Session 2020 event.

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

Examination form No.:

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| PRN:   |   | Eligi           | Eligibility Status: Examination form 095225 |  | m No.: Division/Section:                          |                        | Roll No         | ).:        | 6/00                                   |  |  |  |
|--|---|-----------------|---|--|---|------------------------|-----------------|------------|--|--|--|--|
| :  | 2017016401265033  |                 | Eligible                                    |  |   | С                      | 201             |            | Sin                                    |  |  |  |
| nstru  | uction Medium:  |                 |   |  |   | Nationality:           | India           |            |  |  |  |  |
|  |   |                 |   | Student's Pers   | onal Informat                                     | tion                   |                 |            |  |  |  |  |
| Stude  | ent's Name: SHAH .  | JEEL SANJA      | . <u>Y</u>                                  |  |   | Mother's Name: Al      | MITA            |            | Gender: Female                         |  |  |  |
| lam  | e in Vernacular Langua  | age:शाह जिळ     | संजय  |  |   |                        |                 |            |  |  |  |  |
|  | ess: ASHOK NAGAR 2  |                 |   |  |   |                        |                 |            |  |  |  |  |
| City:  | BHIWANDI, Taluka: Bł  | niwandi, Distr  |   | Maharashtra, PIN: 4213   | 302   |                        |                 |            |  |  |  |  |
|  | phone no.:  |                 | 1   | pile no: 919764559063  |   |                        | il : jeelshah12 | 121999@    | @gmail.com                             |  |  |  |
|  | : Dec 12, 1999  |                 | tegory: Open                                |  | <del>, , , , , , , , , , , , , , , , , , , </del> | y Handicap: No         |                 |            |  |  |  |  |
|  | ious Latest Examination   |                 | m IV(Regular-Rev1                           | 6)   | Exam Ever   | nt: Apr-2019           | Seat            | t No: 066  | 68632 (Status: Pass)                   |  |  |  |
|  | n form appearance type  | e: Fresher      |   |  |   |                        |                 |            |  |  |  |  |
| <u> </u>   | er Details: Plea  | ase select Par  | per details which y                         | ou want to appear ( UA   | \ - University                                    | Assessment,CA - Co     | llege Assessn   | nent)      |  |  |  |  |
| SN   | Paper Code  | <u> </u>        |   | Paper Name   |   |                        |                 | AM - AT    |  |  |  |  |
| 1  | 86001   | Operation Re    | esearch                                     |  |   |                        | Th-U            | A[];Th-    | CA[]                                   |  |  |  |
| 2  | 86002   | International   | Finance                                     |  |   |                        | Th-U            | A [ ] ;Th- | CA[]                                   |  |  |  |
| 3  | 86008   | Project Mana    | agement                                     |  |   |                        | Th-U            | A [ ] ;Th- | CA[]                                   |  |  |  |
| 4  | 86011   | Strategic Fin   | ancial Managemer                            | nt   |   |                        | Th-U            | A [ ] ;Th- | CA[]                                   |  |  |  |
| 5  | 86017   | Indirect Taxe   | es  |  |   |                        | Th-U            | A [ ] ;Th- | CA[]                                   |  |  |  |
| 6  | UBMSFSVI.5  | Project Work    | (   |  |   |                        | Pw-U            | IA [ ] ;Pw | /-CA []                                |  |  |  |
| Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Exam |   |                 |   |  |   |                        | Exar            | mination   | Fees                                   |  |  |  |
| /lark  | Statement Fee   |                 | Total:                                      |  |   |                        |                 |            |  |  |  |  |
|  |   |                 |   |  |   |                        |                 |            |  |  |  |  |
|  |   | Amount Recei    | T   | Col  | <del>,                                    </del>  | : No. and Date:        | <del></del>     |            |  |  |  |  |
| DD N   |   |                 | MICR No:                                    |  | DD Date:  |                        | Bank            |            |  |  |  |  |
|  | er Preference (Code/Na  |                 |   |  |   |                        |                 |            |  |  |  |  |
|  | ue Preference (Code/Na  | ,               |   |  |   |                        |                 |            |  |  |  |  |
| o, T   | The Controller of Examin  | nation,         |   |  |   |                        |                 | Place:     | Vidyavihar                             |  |  |  |
| lecla  | are that all statement ma   | nade in this ap | pplication are true,                        | nination. I have remitted<br>complete and correct to<br>ibed for the examination | o the best of r                                   | my knowledge and be    | elief. I        | Date:      |  |  |  |  |
| eque<br>ther   | est for any special conc<br>r ground. I understand t  | cession such    | as change in time                           | or day fixed for universi<br>ion being found false or                            | ity Examination                                   | on etc. on religious o | r any           |            |  |  |  |  |
| anc  | elled or rejected.  |                 |   |  |   |                        |                 | Stı        | udent's Signature                      |  |  |  |
| )ecla  | aration by Principal/HO   | D/Chairperso    | on  |  |   |                        |                 |            |  |  |  |  |
| This<br>espo   | 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 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  | ə:  |                 |   |  |   |                        |                 |            |  |  |  |  |
| Date   | :   |                 |   | College St   | taff Signature                                    | 1                      |                 |            | ce: Vidyavihar te: Student's Signature |  |  |  |
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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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|       | PRN: Eligibility Status:                                |                                       | bility Status:       | Examination form<br>095226             | າ No.:          | Division/Section:      | Roll No          | ).:  | agh  |  |  |  |
|-------|---|---------------------------------------|----------------------|--|-----------------|------------------------|------------------|--|--|--|--|--|
| :     | 2017016401265041  | Pr                                    | rovisional           |  | ł <b>III</b>    | С                      | 174              |  | # josh   |  |  |  |
| nstrı | uction Medium:  |                                       |                      |  |                 | Nationality:           | India            |  |  |  |  |  |
|       |   |                                       |                      | Student's Perso                        | onal Informati  | ion                    |                  |  |  |  |  |  |
| Stude | lent's Name: JOSHI [                                    | DHARMITA [                            | DHARMENDRA           |  |                 | Mother's Name: SA      | ANGEETA          | C  | Gender: Female   |  |  |  |
|       | ne in Vernacular Langua                                 |                                       |                      |  |                 |                        |                  |  |  |  |  |  |
|       | ress: 230 BG, Scheme n                                  |                                       |                      |  |                 |                        |                  |  |  |  |  |  |
| city: | : Indore, Taluka: Vijay Na                              | agar, District                        |                      |  | 2010            |                        |                  |  |  |  |  |  |
| eler  | phone no.:  |                                       | Mob                  | oile no: 919827744428                  |                 |                        | il : dharmitajos | shi4@gr                                      | nail.com   |  |  |  |
|       | 3: Jun 22, 1999   |                                       | tegory: Open         |  | Physically      | y Handicap: No         |                  |  |  |  |  |  |
| 'revi | vious Latest Examination                                | າ Details: Ser                        | n IV(Regular-Rev1    | 16)                                    | Exam Ever       | nt: Apr-2019           | Seat             | t No: 066                                    | 38610 (Status: Pass)   |  |  |  |
| xan   | m form appearance type                                  | : Fresher                             |                      |  |                 |                        |                  |  |  |  |  |  |
|       | er Details: Pleas                                       | se select Par                         | per details which y  | ou want to appear ( UA                 | - University /  | Assessment,CA - Co     | Ilege Assessn    | nent)  |  |  |  |  |
| SN    | Paper Code  |                                       |                      | Paper Name                             |                 |                        |                  | Th II A II : II A II d                       |  |  |  |  |
| 1     | 86001   | Operation Re                          | esearch              |  |                 | Th-UA[];Th-CA[]        |                  |  |  |  |  |  |
| 2     | 86002 I   | International                         | Finance              |  |                 |                        | Th-U/            | A [ ] ;Th-0                                  | CA[]   |  |  |  |
| 3     | 86008 F   | Project Mana                          | agement              |  |                 |                        | Th-U/            | A [ ] ;Th-0                                  | CA[]   |  |  |  |
| 4     | 86011   | Strategic Fina                        | ancial Managemer     | nt                                     |                 |                        | Th-U/            | Th-UA [] ;Th-CA []                           |  |  |  |  |
| 5     | 86017 I   | Indirect Taxes                        | :S                   |  |                 |                        | Th-U             | A [ ] ;Th-0                                  | CA[]   |  |  |  |
| 6     | UBMSFSVI.5  | Project Work                          |                      |  |                 |                        | Pw-U             | JA [ ] ;Pw-                                  | <i>i-</i> CA []  |  |  |  |
| onv   | vocation Fee  |                                       | Exam Form Late       | Fee                                    | Exam Form       | Super Late Fee         | Exar             | nination Fees                                |  |  |  |  |
| /lark | k Statement Fee   |                                       | Total:               |  |                 |                        |                  |  |  |  |  |  |
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|       |   | Amount Recei                          | 1                    | <del>'</del>                           |                 | No. and Date:          | David            |  |  |  |  |  |
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|       | ter Preference (Code/Na                                 |                                       |                      |  |                 |                        |                  |  |  |  |  |  |
|       | ue Preference (Code/Na                                  |                                       |                      |  |                 |                        |                  |  |  |  |  |  |
| •     | The Controller of Examir                                | •                                     |                      | The state of the same and the state of |                 | I for for the name     |                  | Place:                                       | Vidyavihar   |  |  |  |
| lecla | uest permission to prese<br>are that all statement ma   | ade in this ap                        | oplication are true, | complete and correct to                | the best of n   | my knowledge and be    | elief. I         | Date:  |  |  |  |  |
|       | e gone through the syllat<br>lest for any special conce |                                       |                      |  |                 |                        |                  | <del></del>                                  |  |  |  |  |
| ther  | r ground. I understand th                               |                                       |                      |  |                 |                        |                  |  |  |  |  |  |
|       | celled or rejected.                                     |                                       | -                    | -                                      |                 |                        |                  | l Str  | udanta Cianatura   |  |  |  |
| امدر  | laration by Principal/HOI                               | D/Chairnersc                          |                      |  |                 |                        |                  | 0.0  | udent's Signature  |  |  |  |
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| espo  | onsibility of fulfillment/re                            | ectification of                       | the information. H   |  |                 |                        |                  |  |  |  |  |  |
| ours  | rse/term work (if any) acc                              | cording to un                         | iversity rules.      | -                                      |                 |                        |                  |  |  |  |  |  |
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| Date  | #I  |                                       |                      | 0.1101                                 | <b></b>         | ļ                      | 01               | . 0:   |  |  |  |  |
|       |   |                                       |                      | College Sta                            | aff Signature   | ļ                      |                  |  | h-CA[] h-CA[] h-CA[] h-CA[] h-CA[] h-CA[] p-W-CA[] pn Fees  E: Vidyavihar  Student's Signature |  |  |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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| PRN: Eligibility Status: |  |                          | us:         | Examination f<br>09522 |                    | Division/Section:      | Roll No        | ).:                  | Hiwand                     |
|--------------------------|--|--------------------------|-------------|------------------------|--------------------|------------------------|----------------|----------------------|----------------------------|
|                          | 2017016401265056   | Provisiona               | ı           |                        |                    | В                      | 77             |                      | Hiva                       |
| Instr                    | uction Medium:   |                          |             |                        |                    | Nationality:           | India          |                      |                            |
|                          |  |                          |             | Student's Pe           | ersonal Informati  | on                     |                |                      |                            |
| Stud                     | ent's Name: ABHAN  | IGE SHIVANI RAVINE       | PRA         |                        |                    | Mother's Name: M       | ADHAVI         | (                    | Gender: Female             |
| Nam                      | e in Vernacular Langua   | age:अभंगे शिवानी रवींद्र |             |                        |                    |                        |                |                      |                            |
| Addr                     | ess: room no 539 behi  | nd fatima church vand    | rapada      |                        |                    |                        |                |                      |                            |
| City:                    | AMBERNATH, Taluka  | : Ambarnath, District:   | Γhane, Sta  | ate: Maharashtra, Pl   | N: 421501          |                        |                |                      |                            |
| Tele                     | ohone no.:   |                          | Mob         | ile no: 91779864173    | 35                 | Emai                   | l : shivaniabh | ange7@               | gmail.com                  |
| DOB                      | : Sep 15, 1998   | Category: R              | eserved (\  | VJ/DT(A))              | Physically         | Handicap: No           |                |                      |                            |
| Prev                     | ious Latest Examinatio   | n Details: Sem IV(Reg    | ular-Rev1   | 6)                     | Exam Even          | t: Apr-2019            | Sea            | t No: 066            | 68714 (Status: Pass)       |
| Exar                     | n form appearance type   | e: Fresher               |             |                        |                    |                        |                |                      |                            |
| Pape                     | er Details: Plea   | ase select Paper detail  | s which yo  | ou want to appear (    | UA - University A  | Assessment,CA - Co     | llege Assessr  | ment)                |                            |
| SN                       | Paper Code   |                          |             | Paper Nar              | me                 |                        |                |                      | AM - AT                    |
| 1                        | 86001  | Operation Research       |             |                        |                    |                        | Th-U           | A [ ] ;Th-           | CA[]                       |
| 2                        | 86004  | HRM in Global Perspe     | ective      |                        |                    |                        | Th-U           | A [ ] ;Th-           | CA[]                       |
| 3                        | 86010  | HRM in Service Sector    | r Manage    | ment                   |                    |                        | Th-U           | A [ ] ;Th-           | CA[]                       |
| 4                        | 86016  | Human Resource Acc       | ounting a   | nd Audit               |                    |                        | Th-U           | A [ ] ;Th-           | CA[]                       |
| 5                        | 86019  | Indian Ethos in Manag    | gement      |                        |                    |                        | Th-U           | A [ ] ;Th-           | CA[]                       |
| 6                        | UBMSFSVI.5   | Project Work             |             |                        |                    |                        | Pw-U           | JA [ ] ;Pw           | /-CA [ ]                   |
| Conv                     | onvocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees  |                          |             |                        |                    |                        |                |                      |                            |
| Mark                     | Statement Fee  | Total:                   |             |                        |                    |                        |                |                      |                            |
| Pavr                     | nent Details:  | Amount Received:         |             | 10                     | College Receipt    | No. and Date:          |                |                      |                            |
| DD N                     |  | MICR N                   | o:          |                        | DD Date:           |                        | Bank           | <br>С:               |                            |
| Cent                     | er Preference (Code/N  | ame):                    |             |                        |                    |                        |                |                      |                            |
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| To, 1                    | he Controller of Exam  | ination,                 |             |                        |                    |                        |                | Place:               | Vidyavihar                 |
|                          | uest permission to pres  |                          |             |                        |                    |                        |                | D-4                  | ·                          |
|                          | are that all statement mage gone through the sylla   |                          |             |                        |                    |                        |                | Date:                |                            |
| requ                     | est for any special cond   | cession such as chang    | e in time o | or day fixed for unive | ersity Examination | on etc. on religious o | any            |                      |                            |
|                          | ground. I understand elled or rejected.  | that in the event of any | informati   | on being found false   | e or incorrect, my | candidature is liable  | e to be        |                      |                            |
| Caric                    | elled of rejected.   |                          |             |                        |                    |                        |                | St                   | udent's Signature          |
| Decl                     | aration by Principal/HC  | D/Chairperson            |             |                        |                    |                        |                |                      |                            |
| resp                     | 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                     |  |                          |             |                        |                    |                        |                |                      |                            |
| Dale                     | •  |                          |             | College                | Staff Signature    |                        |                | and Sigr<br>ipal/HOD | nature of<br>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.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|                              | PRN:   | Eligibility Status:  | Examination for 095228 |                   | Division/Section:       | Roll No.     | :               |                      |  |  |
|------------------------------|--|--|------------------------|-------------------|-------------------------|--------------|-----------------|----------------------|--|--|
| :                            | 2017016401265064   | Eligible   |                        |                   | Α                       | 6            |                 | But !                |  |  |
| Instru                       | uction Medium:   |  |                        |                   | Nationality:            | India        |                 |                      |  |  |
|                              |  | _  | Student's Pe           | rsonal Informati  | on                      |              |                 |                      |  |  |
| Stud                         | ent's Name: CHAVA  | N DEVESH RAJESH  |                        |                   | Mother's Name: PC       | OJA          | (               | Gender: Male         |  |  |
| Nam                          | e in Vernacular Langua   | ge:देवेश   |                        |                   |                         |              |                 |                      |  |  |
| Addr                         | ess: 301/A Maitri Chand  | dan, Maitri Vatika, Parsik Naga  | ar Kalwa (W) Thane     |                   |                         |              |                 |                      |  |  |
| City:                        | Thane, Taluka: Thane,  | District: Thane, State: Mahara   | shtra, PIN: 400605     |                   |                         |              |                 |                      |  |  |
| Tele                         | ohone no.: 91  | Mol  | oile no: 91982043355   | 2                 | Email                   | : saiart123@ | gmail.co        | om                   |  |  |
| DOB                          | : Jan 07, 2000   | Category: Open   |                        | Physically        | Handicap: No            |              |                 |                      |  |  |
| Prev                         | ious Latest Examination  | n Details: Sem IV(Regular-Rev  | 16)                    | Exam Even         | t: Apr-2019             | Seat         | No: 066         | 88655 (Status: Pass) |  |  |
| Exan                         | n form appearance type   | Fresher  |                        |                   |                         |              |                 |                      |  |  |
| Pape                         | er Details: Pleas  | se select Paper details which y  | ou want to appear ( L  | JA - University A | Assessment,CA - Col     | lege Assessm | nent)           |                      |  |  |
| SN Paper Code Paper Name     |  |  |                        |                   |                         |              |                 | AM - AT              |  |  |
| 1                            | 86001  | Operation Research   |                        |                   |                         | Th-UA        | 4 [ ] ;Th-      | CA[]                 |  |  |
| 2 86003 Brand Management     |  |  |                        |                   |                         | Th-UA        | ۲ [];Th-        | CA[]                 |  |  |
| 3 86006 Retail Management Th |  |  |                        |                   |                         |              | UA [] ;Th-CA [] |                      |  |  |
| 4                            | 86009 I  | International Marketing  |                        |                   |                         | Th-UA        | ۲ [ ] ;Th-      | CA[]                 |  |  |
| 5                            | 86012  | Media Planning and Managem   | ent                    |                   |                         | Th-UA        | 4 [ ] ;Th-      | CA[]                 |  |  |
| 6                            | 6 UBMSFSVI.5 Project Work Pw-UA [];Pw-CA []  |  |                        |                   |                         |              |                 |                      |  |  |
| Conv                         | ocation Fee  | Exam Form Late   | Fee                    | Exam Form         | Super Late Fee          | Exan         | mination        | Fees                 |  |  |
| Mark                         | Statement Fee  | Total:   |                        |                   |                         |              |                 |                      |  |  |
|                              | .5   |  | l <sub>o</sub>         |                   | N. 15 .                 |              |                 |                      |  |  |
| _                            |  | mount Received:  |                        | college Receipt   | No. and Date:           | ln           |                 |                      |  |  |
| DD N                         |  | MICR No:   |                        | DD Date:          | DD Date: Bank:          |              |                 |                      |  |  |
|                              | er Preference (Code/Na   |  |                        |                   |                         |              |                 |                      |  |  |
|                              | e Preference (Code/Na  | <u> </u>   |                        |                   |                         |              |                 |                      |  |  |
|                              | he Controller of Examir  |  |                        |                   |                         |              | Place:          | Vidyavihar           |  |  |
| decla                        | are that all statement ma  | ent myself for the ensuing exar<br>ade in this application are true,<br>bus and the list of books presci | complete and correct   | to the best of n  | ny knowledge and be     | lief. I      | Date:           |                      |  |  |
| requ                         | est for any special conc   | ession such as change in time hat in the event of any informate  | or day fixed for unive | rsity Examination | on etc. on religious or | any          |                 |                      |  |  |
|                              | elled or rejected.   | ,  | ŭ                      | . ,               |                         |              | C+              | udent's Signature    |  |  |
| Decl                         | aration by Principal/HOI   | D/Chairnerson  |                        |                   |                         |              | 30              | udent's Signature    |  |  |
| This resp                    | 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                         | ate:   |  |                        |                   |                         |              |                 |                      |  |  |



Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|  | PRN:                        | Elig            | ibility Status:       | 095229  | II NO          | Division/Section:     | Roll No           | 0.:                  | PRawer              |  |  |
|--|-----------------------------|-----------------|-----------------------|---|----------------|-----------------------|-------------------|----------------------|---------------------|--|--|
| :  | 2017016401265072            |                 | Eligible              |   | III            | В                     | 111               |                      | Phoenic             |  |  |
| Instru   | uction Medium:              |                 |                       |   |                | Nationality:          | India             |                      |                     |  |  |
|  |                             |                 |                       | Student's Person                                      | onal Informati | on                    |                   |                      |                     |  |  |
| Stud   | ent's Name: PAWAI           | R HARSHAL       | CHANDRAKANT           |   |                | Mother's Name: A      | NITA              | G                    | Gender: Male        |  |  |
| Nam  | e in Vernacular Langua      | age:पवार हर्षत  | न चंद्रकांत           |   |                |                       |                   |                      |                     |  |  |
| Addr   | ess: 28/28,KAMRAJ N         | AGAR, V.N.F     | ROAD GHATKOPAI        | R EAST MUMBAI MAH                                     | IARASHTRA      | 400077                |                   |                      |                     |  |  |
| City:  | MUMBAI, Taluka: Kurl        | a, District: M  | umbai Suburban, S     | tate: Maharashtra, PIN                                | : 400077       |                       |                   |                      |                     |  |  |
| Tele   | ohone no.:                  |                 | Mob                   | ile no: 918268523536                                  |                | Ema                   | il : instituteraj | computer             | @gmail.com          |  |  |
| DOB  | : Jul 28, 1999              | Ca              | tegory: Open          |   | Physically     | Handicap: No          | andicap: No       |                      |                     |  |  |
| Prev   | ious Latest Examinatio      | n Details: Se   | m III(Regular-Rev1    | 6)  | Exam Even      | t: Apr-2019           | Sea               | at No: 065           | 2799 (Status: Pass) |  |  |
| Exan   | n form appearance type      | e: Fresher      |                       |   |                |                       |                   |                      |                     |  |  |
| Pape   |                             | ase select Pa   | per details which yo  | ou want to appear ( UA                                | - University A | Assessment,CA - Co    | llege Assess      | ment)                |                     |  |  |
| SN   | Paper Code                  |                 |                       | Paper Name  |                |                       |                   | AM - AT              |                     |  |  |
| 1  | 86001                       | Operation R     | esearch               |   |                |                       | Th-L              | JA [ ] ;Th-C         | CA []               |  |  |
| 2 86004 HRM in Global Perspective                    |                             |                 |                       |   |                |                       |                   | Th-UA [ ] ;Th-CA [ ] |                     |  |  |
|  |                             |                 |                       |   |                |                       |                   | JA [ ] ;Th-C         | CA []               |  |  |
| 4 86016 Human Resource Accounting and Audit Th-      |                             |                 |                       |   |                |                       | Th-L              | JA [ ] ;Th-C         | CA []               |  |  |
| 5 86019 Indian Ethos in Management Th-UA [];Th-CA [] |                             |                 |                       |   |                |                       |                   | CA []                |                     |  |  |
| 6  | UBMSFSVI.5                  | Project Work    | <                     |   |                |                       | Pw-l              | JA [ ] ;Pw-          | ·CA []              |  |  |
| Conv   | rocation Fee                |                 | Exam Form Late I      | Fee   | Exam Form      | Super Late Fee        | Exa               | amination I          | Fees                |  |  |
| Mark   | Statement Fee               |                 | Total:                |   |                |                       |                   |                      |                     |  |  |
| Dove   | nent Details:               | Amount Rece     | in od:                | Cal   | logo Dossint   | No. and Data:         |                   |                      |                     |  |  |
| DD N   |                             | Amount Nece     | MICR No:              | Col   | DD Date:       | No. and Date:         | Ban               | k:                   |                     |  |  |
|  | er Preference (Code/N       | ame).           | IVIICITIO.            |   | DD Date.       |                       | Dan               | N.                   |                     |  |  |
|  | ie Preference (Code/Na      |                 |                       |   |                |                       |                   |                      |                     |  |  |
|  | he Controller of Exami      | •               |                       |   |                |                       |                   | Place:               | Vidyovibor          |  |  |
| •  |                             | •               | or the ensuing exam   | nination. I have remitted                             | the prescrib   | ed fee for the same.  | I hereby          | Flace.               | Vidyavihar          |  |  |
| decla  | are that all statement m    | iade in this a  | pplication are true,  | complete and correct to                               | the best of n  | ny knowledge and b    | elief. I          | Date:                |                     |  |  |
|  |                             |                 |                       | ibed for the examination<br>or day fixed for universi |                |                       |                   |                      |                     |  |  |
|  | •                           | that in the ev  | ent of any informati  | on being found false or                               | incorrect, my  | candidature is liable | e to be           |                      |                     |  |  |
| canc   | elled or rejected.          |                 |                       |   |                |                       |                   | Stu                  | ident's Signature   |  |  |
| Decla  | aration by Principal/HO     | D/Chairpers     | on                    |   |                |                       |                   |                      |                     |  |  |
| resp   | onsibility of fulfillment/r | ectification of | f the information. He | me. The information pe/she is regular student         |                |                       |                   |                      |                     |  |  |
| cour   | se/term work (if any) ac    | cording to ur   | iiversity rules.      |   |                |                       |                   |                      |                     |  |  |
| Place  | <b>-</b> .                  |                 |                       |   |                |                       |                   |                      |                     |  |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|  | PRN:  | Eligi             | bility Status:       | Examination fo<br>095230 |                   | Division/Section:          | Roll No        | ).:        | The letter           |  |
|--|---|-------------------|----------------------|--------------------------|-------------------|----------------------------|----------------|------------|----------------------|--|
|  | 2017016401265087  |                   | Eligible             |                          |                   | С                          | 209            |            | 1000                 |  |
| Instr  | uction Medium:  |                   |                      |                          |                   | Nationality:               | India          |            |                      |  |
|  |   |                   |                      | Student's Pe             | rsonal Informati  | on                         |                |            |                      |  |
| Stud   | ent's Name: SHETT                                       | Y SOWPARI         | NIKA MANJUNATI       | IA.                      |                   | Mother's Name: SI          | JNANDA         | (          | Gender: Female       |  |
| Nam  | e in Vernacular Langua                                  | age:शेट्टी सोव    | पर्णिका मंजुनाथ      |                          |                   |                            |                |            |                      |  |
| Addr   | ess: 704, SHREE KAL                                     | ASH CHS, PL       | OT NO.10 SECT        | OR. 19, KAMOTHE, I       | NAVI MUMBAI.      |                            |                |            |                      |  |
| City:  | NAVI MUMBAI, Taluka                                     | a: Panvel, Dis    | trict: Raigad, State | e: Maharashtra, PIN: 4   | 110209            |                            |                |            |                      |  |
| Tele   | phone no.:  |                   | Mob                  | ile no: 91976973462      | 2                 | Emai                       | l : sowparnika | a.shetty9  | 99@gmail.com         |  |
| DOB  | : May 08, 1999  | Cat               | tegory: Open         |                          | Physically        | Handicap: No               |                |            |                      |  |
| Prev   | ious Latest Examinatio                                  | n Details: Sei    | m IV(Regular-Rev1    | 16)                      | Exam Even         | t: Apr-2019                | Sea            | t No: 06   | 68639 (Status: Pass) |  |
| Exar   | n form appearance type                                  | e: Fresher        |                      |                          |                   |                            |                |            |                      |  |
| Pape   | er Details: Plea  | ase select Pa     | per details which y  | ou want to appear ( L    | IA - University A | Assessment,CA - Co         | llege Assessr  | ment)      |                      |  |
| SN   | Paper Code  |                   |                      | Paper Nam                |                   |                            |                |            | AM - AT              |  |
| 1  | 86001   | Operation Re      | esearch              |                          |                   |                            | Th-U           | A [ ] ;Th- | -CA[]                |  |
| 2  | 86002   | International     | Finance              |                          |                   |                            | Th-U           | A [ ] ;Th- | -CA[]                |  |
| 3 86008 Project Management   |   |                   |                      |                          |                   |                            |                | A [ ] ;Th- | -CA[]                |  |
| 4  | 86011   | Strategic Fin     | ancial Managemer     | nt                       |                   |                            | Th-U           | A [ ] ;Th- | -CA[]                |  |
| 5  | 86017   | Indirect Taxe     | es                   |                          |                   |                            | Th-U           | A [ ] ;Th- | -CA[]                |  |
| 6  | UBMSFSVI.5  | Project Work      |                      |                          |                   |                            | Pw-U           | IA [ ] ;Pw | v-CA [ ]             |  |
| Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examin |   |                   |                      |                          |                   |                            |                | mination   | Fees                 |  |
| Mark   | Statement Fee   |                   | Total:               |                          |                   |                            |                |            |                      |  |
| Payr   | nent Details:   | Amount Rece       | ived:                | C                        | ollege Receipt    | No. and Date:              |                |            |                      |  |
| DD N   |   |                   | MICR No:             | l .                      | DD Date:          |                            | Bank           | ς:         |                      |  |
| Cent   | er Preference (Code/N                                   | ame):             |                      |                          |                   |                            | I              |            |                      |  |
| Venu   | ue Preference (Code/N                                   | ame):             |                      |                          |                   |                            |                |            |                      |  |
| To, 1  | he Controller of Exam                                   | ination,          |                      |                          |                   |                            |                | Place:     | Vidyavihar           |  |
|  | uest permission to pres<br>are that all statement m     |                   |                      |                          |                   |                            |                | Date:      |                      |  |
| have   | gone through the sylla                                  | bus and the I     | ist of books prescr  | ibed for the examinat    | ion for which I a | m appearing. I shall       | not            |            |                      |  |
|  | est for any special cond<br>r ground. I understand      |                   |                      |                          |                   |                            |                |            |                      |  |
|  | elled or rejected.                                      | ulat ili tilo cvt | or any informat      | on being loand laise     | or incorrect, my  | carialatare is liable      | , to be        |            |                      |  |
|  |   |                   |                      |                          |                   |                            |                | St         | udent's Signature    |  |
|  | aration by Principal/HC                                 | -                 |                      |                          |                   |                            |                |            |                      |  |
|  | form is carefully scrutionsibility of fulfillment/r     |                   |                      |                          |                   |                            |                |            |                      |  |
|  | ourse/term work (if any) according to university rules. |                   |                      |                          |                   |                            |                |            |                      |  |
|  |   |                   |                      |                          |                   |                            |                |            |                      |  |
| Place  | e:  |                   |                      |                          |                   |                            |                |            |                      |  |
|  |   |                   |                      |                          |                   |                            |                |            |                      |  |
| Date   |   |                   |                      |                          |                   |                            |                |            |                      |  |
|  |   |                   |                      |                          |                   | nature of<br>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.

Examination form No.:

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

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Seal and Signature of Principal/HOD/Chairperson

| PRN:                                     |  | Eligi           | bility Status:       | Examination form<br>095231 |   |                      | Roll No        | ).:              | ( di-               |  |  |
|--|--|-----------------|----------------------|----------------------------|---|----------------------|----------------|------------------|---------------------|--|--|
| :  | 2017016401265095   |                 | Eligible             |                            |   | С                    | 160            |                  | Thomas              |  |  |
| Instru                                   | uction Medium:   |                 |                      |                            |   | Nationality:         | India          | •                |                     |  |  |
|  |  | ·               |                      | Student's Perso            | onal Informati                                    | ion                  |                |                  |                     |  |  |
| Stud                                     | ent's Name: DOSHI  | HINAL JAYE      | SH                   |                            |   | Mother's Name: DI    | HARMISTHA      | G                | iender: Female      |  |  |
| Nam                                      | e in Vernacular Langua   | ge:दोशी हिनत    | त्र जयेश             |                            |   |                      |                |                  |                     |  |  |
| Addr                                     | ess: 9,Sandhaya Shank  | ar Sant Nan     | ndev Path Gograss    | wadi,Dombivli(East).       |   |                      |                |                  |                     |  |  |
| City:                                    | Mumbai, Taluka: Kalya  | n, District: Tl | hane, State: Mahai   | rashtra, PIN: 421201       |   |                      |                |                  |                     |  |  |
|  | ohone no.:   | T               |                      | ile no: 919022584791       |   |                      | I : doshi26hin | al@gmai          | I.com               |  |  |
|  | : Dec 26, 1999   |                 | tegory: Open         |                            | <del>,                                     </del> | Handicap: No         |                |                  |                     |  |  |
| Prev                                     | ious Latest Examination  | n Details: Sei  | m IV(Regular-Rev1    | 16)                        | Exam Even   | it: Apr-2019         | Seat           | t No: 066        | 8596 (Status: Pass) |  |  |
|  | n form appearance type   | : Fresher       |                      |                            |   |                      |                |                  |                     |  |  |
| -  | er Details: Plea   | se select Pa    | per details which y  | ou want to appear ( UA     | - University A                                    | Assessment,CA - Co   | llege Assessn  | ment)            |                     |  |  |
| SN                                       | Paper Code   |                 |                      | Paper Name                 |   |                      |                |                  | AM - AT             |  |  |
| 1 86001 Operation Research               |  |                 |                      |                            |   |                      | Th-U/          | h-UA [];Th-CA [] |                     |  |  |
| 2 86002 International Finance            |  |                 |                      |                            |   |                      |                | A [ ] ;Th-0      |                     |  |  |
|  |  |                 |                      |                            |   |                      |                | A [ ] ;Th-0      |                     |  |  |
| 4  | 86011  | Strategic Fin   | ancial Managemer     | nt                         |   |                      | Th-U           | A [ ] ;Th-0      | CA[]                |  |  |
| 5 86017 Indirect Taxes Th-UA [];Th-CA [] |  |                 |                      |                            |   |                      |                | CA[]             |                     |  |  |
| 6  | 6 UBMSFSVI.5 Project Work Pw-UA []; Pw-CA []   |                 |                      |                            |   |                      |                |                  |                     |  |  |
| Conv                                     | rocation Fee   |                 | Exam Form Late       | Fee                        | Exam Form   | Super Late Fee       | Exar           |                  |                     |  |  |
| Mark                                     | Statement Fee  |                 | Total:               |                            |   |                      |                |                  |                     |  |  |
| Pavn                                     | nent Details: A  | mount Rece      | ived:                | Col                        | lege Receipt                                      | No. and Date:        |                |                  |                     |  |  |
| DD N                                     |  | inount rece     | MICR No:             | 1001                       | DD Date:  | 140. drid Date.      | Bank           | ······           |                     |  |  |
|  | er Preference (Code/Na   | ame).           | inior rivo.          |                            | DD Date.  |                      |                | •                |                     |  |  |
|  | ie Preference (Code/Na   |                 |                      |                            |   |                      |                |                  |                     |  |  |
|  | he Controller of Examir  | -               |                      |                            |   |                      |                | Place:           | Vidyavihar          |  |  |
|  | uest permission to prese   | •               | r the ensuing exan   | nination. I have remitted  | the prescrib                                      | ed fee for the same. | l hereby       | Flace.           | viuyaviilai         |  |  |
| decla                                    | are that all statement ma  | ade in this ap  | oplication are true, | complete and correct to    | the best of n                                     | ny knowledge and be  | elief. l       | Date:            |                     |  |  |
|  | gone through the syllab<br>est for any special conc  |                 |                      |                            |   |                      |                |                  |                     |  |  |
| othe                                     | ground. I understand the   |                 |                      |                            |   |                      |                |                  |                     |  |  |
| canc                                     | elled or rejected.   |                 |                      |                            |   |                      |                | Stu              | ident's Signature   |  |  |
| Decl                                     | aration by Principal/HOI   | D/Chairnerso    | n e                  |                            |   |                      |                | 0.0              | ident's eignature   |  |  |
| This resp                                | 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)

Application Form for Examination of Summer Session 2020 event.

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

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|  | PRN:  | Eligi           | ibility Status:      | Examination form 095232                                 | ı No.:         | Division/Section:   | Roll No         | ).:             | 7-4-  |  |  |
|--|---|-----------------|----------------------|---|----------------|---------------------|-----------------|-----------------|---|--|--|
| 2  | 2017016401265106                            |                 | Eligible             |   |                | В                   | 102             |                 | Molhi   |  |  |
| nstrı  | uction Medium:                              |                 |                      |   |                | Nationality:        | India           |                 |   |  |  |
|  |   |                 |                      | Student's Perso   | onal Informati | on                  |                 |                 |   |  |  |
| Stude  | ent's Name: MARU V                          | VIDHI KIRAN     |                      |   |                | Mother's Name: M    | INAXI           |                 | Gender: Female  |  |  |
| lam  | e in Vernacular Languaç                     | ge:Maru vidr    | ni kiran             |   |                |                     |                 |                 |   |  |  |
| ddr  | ess: 204,bhavik apt A-w                     | ving 2nd floor  | r Kopar road Near    | south Indian school sha                                 | shtri nagar    |                     |                 |                 |   |  |  |
| City:  | dombivli, Taluka: Kalya                     | ın, District: T | hane, State: Maha    | rashtra, PIN: 421202                                    |                |                     |                 |                 |   |  |  |
| eler   | ohone no.: 2493278                          |                 | Mot                  | pile no: 919967349986                                   |                | Emai                | il : krinamaru7 | 73@gma          | il.com  |  |  |
| ОВ   | : Jun 29, 2000                              | Cat             | tegory: Open         |   | Physically     | Handicap: No        |                 |                 |   |  |  |
| revi   | ious Latest Examination                     | า Details: Ser  | m IV(Regular-Rev     | (6)   | Exam Even      | t: Apr-2019         | Seaf            | t No: 066       | 68738 (Status: Pass)  |  |  |
| xan  | n form appearance type:                     | : Fresher       |                      |   |                |                     |                 |                 |   |  |  |
| ape  | er Details: Pleas                           | se select Pa    | per details which y  | ou want to appear ( UA -                                | - University A | ssessment,CA - Co   | llege Assessr   | nent)           |   |  |  |
| SN   | Paper Code                                  |                 |                      | Paper Name  |                |                     |                 |                 | AM - AT   |  |  |
| 1  | 86001                                       | Operation Re    | esearch              |   |                |                     | Th-U            | Th-UA[];Th-CA[] |   |  |  |
| 2  | 86004 H                                     | HRM in Glob     | oal Perspective      |   |                |                     | Th-U            | A [ ] ;Th-      | -CA[]   |  |  |
| 3  | 86010 H                                     | HRM in Serv     | vice Sector Manage   | ement   |                |                     | Th-U            | A [ ] ;Th-      | -CA[]   |  |  |
| 4  | 4 86016 Human Resource Accounting and Audit |                 |                      |   |                |                     |                 |                 | Th-UA [] ;Th-CA []  |  |  |
| 5  | 86019 I                                     | Indian Ethos    | in Management        |   |                |                     | Th-U            | A [ ] ;Th-      | -CA[]   |  |  |
| 6  | UBMSFSVI.5 F                                | Project Work    | ·                    |   |                |                     | Pw-U            | JA [ ] ;Pw      | v-CA [ ]  |  |  |
| Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees |   |                 |                      |   |                |                     |                 | Fees            |   |  |  |
| /lark  | Statement Fee                               |                 | Total:               |   |                |                     |                 |                 |   |  |  |
|  |   |                 |                      |   |                |                     |                 |                 |   |  |  |
|  |   | mount Recei     | 1                    |   | · .            | No. and Date:       |                 |                 |   |  |  |
| DD N   |   |                 | MICR No:             |   | DD Date:       |                     | Bank            | C:              |   |  |  |
|  | er Preference (Code/Na                      | •               |                      |   |                |                     |                 |                 |   |  |  |
|  | ie Preference (Code/Na                      |                 |                      |   |                |                     |                 |                 |   |  |  |
|  | he Controller of Examin                     |                 |                      |   |                |                     |                 | Place:          | Vidyavihar  |  |  |
| Iecla  | are that all statement ma                   | ade in this ap  | pplication are true, | nination. I have remitted complete and correct to       | the best of m  | ny knowledge and be | elief. I        | Date:           |   |  |  |
|  |   |                 |                      | ibed for the examination<br>or day fixed for university |                |                     |                 | <u> </u>        |   |  |  |
| ther   | ground. I understand th                     |                 |                      | ion being found false or                                |                |                     |                 |                 |   |  |  |
|  | elled or rejected.                          |                 | -                    | -   |                |                     |                 | 5+              | udent's Signature   |  |  |
| اعداد  | aration by Principal/HOI                    | D/Chairners     | <u></u>              |   |                |                     |                 | <u> </u>        | udent's Signature   |  |  |
| This   | form is carefully scrutini                  | ized by the C   | College staff and by | y me. The information pr<br>le/she is regular student   |                |                     |                 |                 |   |  |  |
|  | se/term work (if any) acc                   |                 |                      |   |                |                     |                 |                 |   |  |  |
| Place  | <b>)</b> :                                  |                 |                      |   |                |                     |                 |                 |   |  |  |
| -<br>Coto  |   |                 |                      |   |                |                     |                 |                 |   |  |  |
| )ate:  |   |                 |                      | College Sta   | aff Signature  |                     |                 |                 | AM - AT  [Th-CA [] [Th-CA |  |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|   | PRN:   | Eligibil         | lity Status:       | Examination forr<br>095233 | n No.:         | Division/Section:   | Roll No.        | .:        | 6                    |  |  |
|---|--|------------------|--------------------|----------------------------|----------------|---------------------|-----------------|-----------|----------------------|--|--|
| 2   | 2017016401265114   | El               | ligible            |                            | III            | Α                   | 37              |           | Brown                |  |  |
| Instru  | ıction Medium:   | -                |                    |                            |                | Nationality:        | India           |           |                      |  |  |
|   |  | _                |                    | Student's Pers             | onal Informati | on                  |                 |           |                      |  |  |
| Stude   | ent's Name: MARU E   | BHAKTI KETAI     | N                  |                            |                | Mother's Name: Bl   | HAVNA           | (         | Gender: Female       |  |  |
| Name  | e in Vernacular Languaç  |                  | केतन               |                            |                |                     |                 |           |                      |  |  |
| Addre   | ess: Z-603, NAVNEET N  | NAGAR DESL       | EPADA DOMBIV       | /LI (EAST)                 |                |                     |                 |           |                      |  |  |
| City:   | DOMBIVLI, Taluka: Kal  | yan, District: T | Thane, State: Mal  | harashtra, PIN: 421204     |                |                     |                 |           |                      |  |  |
| Telep   | hone no.:  |                  | Mob                | ile no: 917718904722       |                | Emai                | l : bhakti.k.ma | ru@gma    | ail.com              |  |  |
| DOB:  | : Jun 30, 1999   | Cateo            | gory: Open         |                            | Physically     | Handicap: No        |                 |           |                      |  |  |
| Previ   | ous Latest Examination   | Details: Sem     | IV(Regular-Rev1    | 6)                         | Exam Even      | t: Apr-2019         | Seat            | No: 066   | 88685 (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   | 86001  | Operation Res    | earch              |                            |                |                     | Th-UA           | ۲[];Th-   | CA[]                 |  |  |
| 2   | 86003 E  | Brand Manage     | ement              |                            |                |                     | Th-UA           | ۲[];Th-   | CA[]                 |  |  |
| 3   |  |                  |                    |                            |                |                     |                 |           |                      |  |  |
| 4   | 86009 I  | nternational M   | larketing          |                            |                |                     | Th-UA           | ۲ [];Th-  | CA[]                 |  |  |
| 5   |  |                  |                    |                            |                |                     |                 |           |                      |  |  |
| 6   | UBMSFSVI.5 F   | Project Work     |                    |                            | ,              |                     | Pw-U            | A [ ] ;Pw | -CA[]                |  |  |
| Conv  | ocation Fee  | E                | Exam Form Late     | Fee                        | Exam Form      | Super Late Fee      | Exan            | nination  | Fees                 |  |  |
| Mark  | Statement Fee  | T                | Total:             |                            |                |                     |                 |           |                      |  |  |
| Davr  | nent Details: Ar   | mount Receive    | ed:                | Col                        | lege Receipt   | No. and Date:       |                 |           |                      |  |  |
| DD N  |  |                  | MICR No:           |                            | DD Date:       | No. and Date.       | Bank            |           |                      |  |  |
|   | er Preference (Code/Na   |                  | MONTO.             |                            | DD Date.       |                     | Dank            | •         |                      |  |  |
|   | e Preference (Code/Na  |                  |                    |                            |                |                     |                 |           |                      |  |  |
|   | he Controller of Examin  |                  |                    |                            |                |                     |                 | Diago     | Vish revilher        |  |  |
|   | uest permission to prese   |                  | the ensuing exam   | nination. I have remitted  | the prescribe  | ed fee for the same | l hereby        | Place:    | Vidyavihar           |  |  |
| decla   | re that all statement ma   | ade in this appl | lication are true, | complete and correct to    | the best of n  | ny knowledge and be | elief. I        | Date:     |                      |  |  |
|   | gone through the syllab<br>est for any special conce   |                  |                    |                            |                |                     |                 |           |                      |  |  |
| other   | ground. I understand th  |                  |                    |                            |                |                     |                 |           |                      |  |  |
| cance   | cancelled or rejected. Student's Signature   |                  |                    |                            |                |                     |                 |           |                      |  |  |
| Decla   | aration by Principal/HOI   | )/Chairnerson    | <u> </u>           |                            |                |                     |                 | Ott       | adent o dignature    |  |  |
| 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 |  |                  |                    |                            |                |                     |                 |           |                      |  |  |
|   | se/term work (if any) acc  |                  |                    | orone is regular studen    | . or una cone( | go ana nas complete | a ale required  | auciluc   | anos ana practical   |  |  |
|   |  |                  |                    |                            |                |                     |                 |           |                      |  |  |
| Place   | E  |                  |                    |                            |                |                     |                 |           |                      |  |  |
| D - 1 -   |  |                  |                    | _                          |                |                     |                 |           |                      |  |  |



Date:

#### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of

Principal/HOD/Chairperson



Examination form No.: Eligibility Status: PRN: Division/Section: Roll No.: 095234 2017016401265122 13 Eligible Instruction Medium: Nationality: India Student's Personal Information Student's Name: **DESAI UDITA VINOD** Mother's Name: JAYSHREE Gender: Female Name in Vernacular Language:देसाई उदिता विनोद Address: BLDG NO. 2/303 A WING TILAK NAGAR SHRAMIK CHS TILAK NAGAR CHEMBUR MUMBAI-400089 City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089 Telephone no.: 25271870 Mobile no: 919619446877 Email: uditadesai28@gmail.com DOB: Jul 28, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668662 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment ) Paper Code Paper Name AM - AT 86001 Th-UA [];Th-CA [] Operation Research 86003 Th-UA [ ] ;Th-CA [ ] 2 Brand Management \_\_\_ Th-UA [ ] ;Th-CA [ ] 3 86006 Retail Management 4 86009 International Marketing Th-UA[];Th-CA[] 5 86012 Media Planning and Management Th-UA [ ] ;Th-CA [ ] **UBMSFSVI.5** Project Work Pw-UA []:Pw-CA [] Convocation Fee Exam Form Late Fee Exam Form Super Late Fee **Examination Fees** Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: MICR No: DD Date: DD No: 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:

## University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status: |  |                 |                     | Examination form<br>095235                           | n No.:         | Division/Section:     | Roll N          | o.:         |                      |
|--------------------------|--|-----------------|---------------------|--|----------------|-----------------------|-----------------|-------------|----------------------|
| :                        | 2017016401265137                             |                 | Eligible            |  |                | В                     | 107             |             | panerson.            |
| Instru                   | uction Medium:                               |                 |                     |  |                | Nationality:          | India           |             |                      |
|                          |  |                 |                     | Student's Perso                                      | onal Informati | on                    |                 |             |                      |
| Stud                     | ent's Name: PANCH                            | IAL JEENAL      | YOGESH              |  |                | Mother's Name: DA     | AKSHA           | (           | Gender: Female       |
| Nam                      | e in Vernacular Langua                       | ge:પંચાલ જિ     | નલ યોગેશ            |  |                |                       |                 |             |                      |
| Addr                     | ess: 64/3165 ABHIRUC                         | CHI CHS VAF     | RTAK NAGAR, PO      | KHRAN ROAD-1 THAN                                    | IE (W)-40060   | 6                     |                 |             |                      |
| City:                    | THANE, Taluka: Thane                         | e, District: Th | ane, State: Mahara  | ashtra, PIN: 400606                                  |                |                       |                 |             |                      |
| Telep                    | ohone no.:                                   |                 | Mob                 | oile no: 918779249354                                |                | Emai                  | l : jeenalpan   | chal99@     | gmail.com            |
| DOB                      | : Oct 20, 1999                               | Cat             | tegory: Open        |  | Physically     | Handicap: No          |                 |             |                      |
| Previ                    | ious Latest Examinatior                      | n Details: Sei  | m IV(Regular-Rev1   | 16)  | Exam Even      | t: Apr-2019           | Sea             | at No: 066  | 88743 (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 - Col   | lege Assess     | ment)       |                      |
| SN                       | Paper Code                                   |                 |                     | Paper Name   |                |                       |                 |             | AM - AT              |
| 1                        |  | Operation Re    | esearch             |  |                |                       |                 | JA [ ] ;Th- |                      |
| 2                        | 86004  | HRM in Glob     | al Perspective      |  |                |                       | Th-UA[];Th-CA[] |             |                      |
| 3                        |  |                 | ice Sector Manage   |  |                |                       |                 | JA [ ] ;Th- |                      |
| 4                        |  | Human Reso      | ource Accounting a  | ind Audit  |                |                       |                 | JA [ ] ;Th- |                      |
| 5                        |  |                 | in Management       |  |                |                       |                 | JA [ ] ;Th- | • •                  |
| 6                        |  | Project Work    | 1                   |  |                |                       |                 |             | -CA []               |
|                          | ocation Fee                                  |                 | Exam Form Late      | Fee  | Exam Form      | Super Late Fee        | Exa             | amination   | Fees                 |
| Mark                     | Statement Fee                                |                 | Total:              |  |                |                       |                 |             |                      |
| Pavn                     | nent Details:                                | mount Rece      | ived <sup>.</sup>   | Coll   | lege Receipt   | No. and Date:         |                 |             |                      |
| DD N                     |  |                 | MICR No:            |  | DD Date:       | 110. dila Bato.       | Ban             | ık:         |                      |
|                          | er Preference (Code/Na                       | ame):           |                     |  |                |                       |                 |             |                      |
|                          | ie Preference (Code/Na                       |                 |                     |  |                |                       |                 |             |                      |
|                          | he Controller of Examin                      |                 |                     |  |                |                       |                 | Place:      | Vidyavihar           |
| l requ                   | uest permission to pres                      | ent myself fo   | r the ensuing exan  | nination. I have remitted                            | the prescribe  | ed fee for the same.  | l hereby        |             | viayaviila.          |
|                          |  |                 |                     | complete and correct to<br>ibed for the examination  |                |                       |                 | Date:       |                      |
|                          |  |                 |                     | or day fixed for universit                           |                |                       |                 |             |                      |
|                          | ground. I understand t<br>elled or rejected. | hat in the eve  | ent of any informat | ion being found false or                             | incorrect, my  | candidature is liable | e to be         |             |                      |
| Caric                    | elled of rejected.                           |                 |                     |  |                |                       |                 | St          | udent's Signature    |
| Decla                    | aration by Principal/HO                      | D/Chairperso    | on                  |  |                |                       |                 |             |                      |
| respo                    |  | ectification of | the information. H  | y me. The information pi<br>e/she is regular student |                |                       |                 |             |                      |
| Place                    | ə:   |                 |                     |  |                |                       |                 |             |                      |
|                          |  |                 |                     |  |                |                       |                 |             |                      |



Date:

### University of Mumbai, Mumbai

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Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of Principal/HOD/Chairperson



| PRN: Eligibility Status:           |   |                 |                      | Examination for<br>095236 | m No.:           | Division/Sect    | tion:         | Roll No.:      |          | was a                                   |
|------------------------------------|---|-----------------|----------------------|---------------------------|------------------|------------------|---------------|----------------|----------|---|
| :                                  | 2017016401265145  | Р               | rovisional           |                           |                  | С                |               | 190            |          | And A                                   |
| nstru                              | uction Medium:  | •               | -                    |                           |                  | Nationality:     | Indi          | а              |          |   |
|                                    |   |                 |                      | Student's Pers            | onal Informati   | on               |               |                |          |   |
| Stud                               | ent's Name: OBERO   | DI PAYAL RA     | MESH                 |                           |                  | Mother's Na      | me: GEETA     |                | G        | ender: Female                           |
| Nam                                | e in Vernacular Langua  | ige:ओबेरॉय      | पायल रमेश            |                           |                  |                  |               |                |          |   |
| ٩ddr                               | ess: BLDG NO.12,ROC   | OM NO.556, I    | PUNJABI COLONY       | ,G.T.B NAGAR, SION        | I,MUMBAI-400     | 0037             |               |                |          |   |
| City:                              | MUMBAI, Taluka: Mun   | nbai, District: | Mumbai City, State   | e: Maharashtra, PIN: 4    | 00037            |                  |               |                |          |   |
| Telep                              | ohone no.:  |                 | Mob                  | ile no: 918080471940      |                  |                  | Email : pay   | /al.oberoi7    | 7@gma    | il.com                                  |
|                                    | : Jun 28, 1999  |                 | tegory: Open         |                           | Physically       | Handicap: No     | )             |                |          |   |
| Previ                              | ious Latest Examination   | n Details: Sei  | m IV(Regular-Rev1    | 6)                        | Exam Even        | t: Apr-2019      |               | Seat N         | lo: 066  | 8624 (Status: Pass)                     |
| Exam form appearance type: Fresher |   |                 |                      |                           |                  |                  |               |                |          |   |
| Pape                               | r Details: Plea   | ise select Pa   | per details which ye | ou want to appear ( UA    | A - University A | Assessment, C    | A - College   | Assessme       | nt )     |   |
| SN                                 | Paper Code  |                 |                      | Paper Name                | !                |                  |               |                |          | AM - AT                                 |
| 1                                  | 86001   | Operation Re    | esearch              |                           |                  |                  |               | Th-UA [        | [];Th-C  | CA[]                                    |
| 2                                  | 86002   | International   | Finance              |                           |                  |                  |               | Th-UA [        | • •      | • |
| 3 86008 Project Management         |   |                 |                      |                           |                  |                  |               | Th-UA [        | [];Th-C  | CA[]                                    |
| 4                                  | 86011   | Strategic Fin   | ancial Managemer     | nt                        |                  |                  |               | Th-UA [        | [];Th-C  | CA[]                                    |
| 5                                  | 86017   | Indirect Taxe   | es                   |                           |                  |                  |               | Th-UA [        | [];Th-C  | CA[]                                    |
| 6                                  | UBMSFSVI.5  | Project Work    |                      |                           | _                |                  |               | Pw-UA          | [];Pw-   | CA[]                                    |
| Conv                               | ocation Fee   |                 | Exam Form Late I     | Fee                       | Exam Form        | Super Late Fe    | ee            | Examir         | nation I | Fees                                    |
| Mark                               | Statement Fee   |                 | Total:               |                           |                  |                  |               |                |          |   |
| 2010                               | eent Deteiler   | maunt Daga      | i. ro d.             | 100                       | llaga Dagaint    | No. and Data     |               |                |          |   |
| DD N                               |   | Amount Rece     | MICR No:             |                           | DD Date:         | No. and Date:    |               | Bank:          |          |   |
|                                    | er Preference (Code/N   | omo):           | MICK NO.             |                           | DD Date.         |                  |               | Dalik.         |          |   |
|                                    | ie Preference (Code/Na  |                 |                      |                           |                  |                  |               |                |          |   |
|                                    | he Controller of Exami  |                 |                      |                           |                  |                  |               | T <sub>2</sub> |          | \n                                      |
| •                                  | uest permission to pres   | •               | r the ensuing evan   | nination I have remitte   | d the prescribe  | ad foo for the s | sama Ihara    |                | lace:    | Vidyavihar                              |
| decla                              | are that all statement m  | ade in this ap  | oplication are true, | complete and correct t    | o the best of n  | ny knowledge     | and belief. I |                | ate:     |   |
|                                    | gone through the sylla<br>est for any special cond                                    |                 |                      |                           |                  |                  |               |                |          |   |
| other                              | ground. Í understand t  |                 |                      |                           |                  |                  |               | •              |          |   |
| canc                               | elled or rejected.  |                 |                      |                           |                  |                  |               |                | Stu      | dent's Signature                        |
| Decla                              | aration by Principal/HO   | D/Chairperso    | on                   |                           |                  |                  |               |                |          |   |
| respo                              | form is carefully scrutir<br>onsibility of fulfillment/ro<br>se/term work (if any) ac | ectification of | the information. H   |                           |                  |                  |               |                |          |   |
| Place                              | e:<br>  |                 |                      |                           |                  |                  |               |                |          |   |



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

Application Form for Examination of Summer Session 2020 event.

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

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|       | PRN:   | Eligi             | bility Status:       | Examination<br>0952   |                     | Division/Section:             | Roll No         | 0.:                   | (Flarshitar               |  |
|-------|--|-------------------|----------------------|-----------------------|---------------------|-------------------------------|-----------------|-----------------------|---------------------------|--|
|       | 2017016401265153   |                   | Eligible             |                       |                     | Α                             | 64              |                       |                           |  |
| Instr | uction Medium:   |                   |                      |                       |                     | Nationality:                  | India           |                       |                           |  |
|       |  |                   |                      | Student's F           | Personal Informati  | on                            |                 |                       |                           |  |
| Stud  | ent's Name: HARSI  | HITA RAJAGO       | OPAL                 |                       |                     | Mother's Name: St             | JSHILA          | (                     | Gender: Female            |  |
| Nam   | e in Vernacular Langua   | age:हर्षिता राज   | <b>गोपाल</b>         |                       |                     |                               |                 |                       |                           |  |
| Addr  | ess: 402 Clanfield Lok   | handwala An       | dheri west           |                       |                     |                               |                 |                       |                           |  |
| City: | Mumbai, Taluka: Andl   | neri, District: N | /Jumbai Suburban,    | State: Maharashtra    | a, PIN: 400053      |                               |                 |                       |                           |  |
| Tele  | phone no.:   |                   | Mol                  | oile no: 9186557420   | 168                 | Emai                          | l : harshu.raja | agopal0@              | gmail.com                 |  |
| DOB   | : Sep 06, 1999   | Cat               | tegory: Open         |                       | Physically          | Handicap: No                  |                 |                       |                           |  |
| Prev  | ious Latest Examinatio   | n Details: Sei    | m IV(Regular-Rev     | 16)                   | Exam Even           | t: Apr-2019                   | Sea             | at No: 066            | 88695 (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 Assess    | ment)                 |                           |  |
| SN    | Paper Code   |                   |                      | Paper Na              | me                  |                               |                 | AM - AT               |                           |  |
| 1     | 86001  | Operation Re      | esearch              |                       |                     |                               | Th-U            | Th-UA [ ] ;Th-CA [ ]  |                           |  |
| 2     | 86003  | Brand Manag       | gement               |                       |                     |                               | Th-U            | JA [ ] ;Th-           | CA[]                      |  |
| 3     | 86006  | Retail Manag      | gement               |                       |                     |                               | Th-U            | JA [ ] ;Th-           | CA[]                      |  |
| 4     | 86009  | International     | Marketing            |                       |                     |                               | Th-U            | JA [ ] ;Th-           | CA[]                      |  |
| 5     | 86012  | Media Plann       | ing and Managem      | ent                   |                     |                               | Th-U            | JA [ ] ;Th-           | CA[]                      |  |
| 6     | UBMSFSVI.5   | Project Work      |                      |                       |                     |                               |                 | JA [ ] ;Pw            | -CA []                    |  |
| Conv  | ocation Fee  |                   | Exam Form Late       | Fee                   | Exam Form           | Super Late Fee                | Exa             | mination              | Fees                      |  |
| Mark  | Statement Fee  |                   | Total:               |                       |                     |                               |                 |                       |                           |  |
|       | .5."   |                   | . ,                  |                       | 0 "                 | N 15 .                        |                 |                       |                           |  |
| _     |  | Amount Rece       | 1                    |                       | College Receipt     | No. and Date:                 | In              |                       |                           |  |
| DD N  |  |                   | MICR No:             |                       | DD Date:            |                               | Bani            | K:                    |                           |  |
|       | er Preference (Code/N  |                   |                      |                       |                     |                               |                 |                       |                           |  |
|       | ue Preference (Code/N  | •                 |                      |                       |                     |                               |                 | T                     |                           |  |
|       | The Controller of Exam   |                   |                      |                       | 20 - 4 0 26         | and Connection than a service | l la a cala     | Place:                | Vidyavihar                |  |
| decla | uest permission to pres<br>are that all statement man<br>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 or       | any             |                       |                           |  |
| othe  | r ground. I understand elled or rejected.  | that in the eve   | 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/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 | e:   |                   |                      |                       |                     |                               |                 |                       |                           |  |
| Date  | :  |                   |                      |                       |                     |                               |                 |                       |                           |  |
|       |  |                   |                      | Colleg                | e Staff Signature   |                               |                 | and Sigr<br>cipal/HOD | ature of<br>0/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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Examination form No.:



|       | PRN:   | Eligi             | bility Status:       | 095238  | I NO   | Division/Section:     | Roll No                   | ).:               | 500                  |  |  |
|-------|--|-------------------|----------------------|---|--|-----------------------|---------------------------|-------------------|----------------------|--|--|
| :     | 2017016401265161                                       |                   | Eligible             |   |  | Α                     | 57                        |                   | Stabut.              |  |  |
| nstru | ıction Medium:   | •                 |                      |   |  | Nationality:          | India                     |                   |                      |  |  |
|       |  |                   |                      | Student's Perso                                     | nal Informati  | on                    |                           |                   |                      |  |  |
| Stude | ent's Name: SUTH/                                      | AR RAHUL M        | ADANLAL              |   |  | Mother's Name: Sa     | ANTOSH                    | (                 | Gender: Male         |  |  |
| Nam   | e in Vernacular Langu                                  | age:SUTHAR        | RAHUL MADANL         | AL  |  |                       |                           |                   |                      |  |  |
| Addr  | ess: A-12,THREE STA                                    | AR CHS,CHH        | EDA NAGAR,CHE        | MBUR MUMBAI,400089                                  | A-12,THRE  | E STAR CHS,CHHE       | DA NAGAR,                 | СНЕМВ             | JR MUMBAI,400089     |  |  |
| City: | MUMBAI, Taluka: Mur                                    | mbai, District:   | Mumbai City, State   | e: Maharashtra, PIN: 40                             | 0089   |                       |                           |                   |                      |  |  |
| ГеІер | phone no.:   |                   | Mob                  | ile no: 918879217807                                |  | Ema                   | il : virat18.ms           | @gmail.d          | com                  |  |  |
| OOB   | : Aug 19, 1999   | Ca                | tegory: Open         |   | Physically   | Handicap: No          |                           |                   |                      |  |  |
| Previ | ous Latest Examinatio                                  | on Details: Se    | m IV(Regular-Rev1    | (6)   | Exam Even  | t: Apr-2019           | Sea                       | t No: 066         | 68705 (Status: ATKT) |  |  |
| Exan  | n form appearance typ                                  | e: Fresher        |                      |   |  |                       |                           |                   |                      |  |  |
| Pape  | r Details: Plea  | ase select Pa     | per details which y  | ou want to appear ( UA                              | ı want to appear ( UA - University Assessment,CA - College |                       |                           |                   | Assessment)          |  |  |
| SN    | Paper Code   |                   |                      | Paper Name  |  |                       |                           | AM - AT           |                      |  |  |
| 1     | 86001  | Operation Re      | esearch              |   |  |                       |                           | A [ ] ;Th-        | CA[]                 |  |  |
| 2     | 86003  | Brand Manag       | gement               | T   |  |                       |                           | A [ ] ;Th-        | CA[]                 |  |  |
| 3     | 86006  | Retail Manag      | gement               |   |  |                       |                           |                   | CA[]                 |  |  |
| 4     | 86009  | International     | Marketing            |   |  |                       | Th-U                      | Th-UA [];Th-CA [] |                      |  |  |
| 5     | 86012  | Media Plann       | ing and Manageme     | ent   |  |                       | Th-U                      | A [ ] ;Th-        | CA[]                 |  |  |
| 6     | UBMSFSVI.5   | Project Work      | (                    |   |  |                       | Pw-L                      | IA [ ] ;Pw        | /-CA [ ]             |  |  |
| Conv  | ocation Fee  |                   | Exam Form Late       | Fee   | e Exam Form Super Late Fee                                 |                       |                           | mination          | Fees                 |  |  |
| Mark  | Statement Fee  |                   | Total:               |   |  |                       |                           |                   |                      |  |  |
| Pavn  | nent Details:  | Amount Rece       | ived:                | Coll  | ege Receint  | No. and Date:         |                           |                   |                      |  |  |
| DD N  |  | 7 tillount i tocc | MICR No:             |   | DD Date:   | 140. drid Date.       | Bank                      | ··                |                      |  |  |
|       | er Preference (Code/N                                  | Jame).            | imorrito.            | 1   | DD Date.   |                       | Daiii                     | •                 |                      |  |  |
|       | e Preference (Code/N                                   |                   |                      |   |  |                       |                           |                   |                      |  |  |
|       | he Controller of Exam                                  |                   |                      |   |  |                       |                           | Place:            | Vidyavihar           |  |  |
| requ  | uest permission to pres                                | sent myself fo    | r the ensuing exan   | nination. I have remitted                           | the prescribe  | ed fee for the same.  | I hereby                  | L                 | viayaviila.          |  |  |
|       |  |                   |                      | complete and correct to<br>ibed for the examination |  |                       |                           | Date:             |                      |  |  |
|       |  |                   |                      | or day fixed for universit                          |  |                       |                           |                   |                      |  |  |
|       |  | that 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/HC                                | DD/Chairperso     | on                   |   |  |                       |                           |                   |                      |  |  |
|       |  |                   |                      | me. The information pr                              |  |                       |                           |                   |                      |  |  |
|       | onsibility of fulfillment/r<br>se/term work (if any) a |                   |                      | e/she is regular student                            | of this Colle  | ge and has complete   | d the require             | d attenda         | ance and practical   |  |  |
| Jours | ochemi work (ii aliy) a                                | ccording to ul    | iivoroity ruico.     | 1   |  |                       |                           |                   |                      |  |  |
| Place | j.   |                   |                      |   |  |                       |                           |                   |                      |  |  |
| lace. |  |                   |                      |   |  |                       |                           |                   |                      |  |  |
| Date: |  |                   |                      |   |  |                       |                           |                   |                      |  |  |
| Julio |  |                   |                      | College Staff Signature                             |  | Seal and Signature of |                           |                   |                      |  |  |
|       |  |                   |                      | Somege stam 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.

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

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Examination form No.:



|   | PRN:                     | Eligi           | ibility Status:      | 095239   | INU           | Division/Section:     | Roll No                   | o.:        | 1300                 |  |
|---|--------------------------|-----------------|----------------------|--|---------------|-----------------------|---------------------------|------------|----------------------|--|
| ;   | 2017016401265176         |                 | Eligible             |  | I             | Α                     | 16                        |            | 750                  |  |
| nstrı   | uction Medium:           |                 |                      |  |               | Nationality:          | India                     |            |                      |  |
|   |                          |                 |                      | Student's Perso  | nal Informati | on                    |                           |            |                      |  |
| Stud  | ent's Name: <b>DIVYA</b> | SUBHASH         | ADA                  |  |               | Mother's Name: P      | RITI                      | (          | Gender: Female       |  |
| Nam   | e in Vernacular Langu    | age:divya       |                      |  |               |                       |                           |            |                      |  |
| ٩ddr  | ess: krishna mira apt 4  | 4th floor room  | no. 403 mahagiri     | hane(west)   |               |                       |                           |            |                      |  |
| City:   | thane, Taluka: Thane,    | District: Thar  | ne, State: Maharas   | htra, PIN: 400601  |               |                       |                           |            |                      |  |
| ГеІеј   | ohone no.:               |                 | Mob                  | ile no: 919819392530                                     |               | Ema                   | il : divyagada            | 99@gma     | il.com               |  |
| OOB   | : Dec 17, 1999           | Ca              | tegory: Open         |  | Physically    | Handicap: No          |                           |            |                      |  |
| Prev  | ious Latest Examinatio   | on Details: Se  | m IV(Regular-Rev1    | 6)   | Exam Even     | t: Apr-2019           | Sea                       | ıt No: 066 | 68665 (Status: Pass) |  |
| Exan  | n form appearance typ    | e: Fresher      |                      |  |               |                       |                           |            |                      |  |
| Pape  | er Details: Ple          | ase select Pa   | per details which y  | ou want to appear ( UA -                                 | University A  | Assessment,CA - Co    | llege Assess              | ssessment) |                      |  |
| SN  | Paper Code               |                 |                      | Paper Name   |               |                       |                           |            | AM - AT              |  |
| 1   | 86001                    | Operation Re    | esearch              | Th-  |               |                       |                           | A [ ] ;Th- | CA[]                 |  |
| 2   | 86003                    | Brand Mana      | gement               | Т  |               |                       |                           | A[];Th-    | CA[]                 |  |
| 3   | 86006                    | Retail Manag    | gement               |  |               | Th-U                  | A[];Th-                   | CA[]       |                      |  |
| 4   | 86009                    | International   | Marketing            |  |               | Th-U                  | Th-UA [];Th-CA []         |            |                      |  |
| 5   | 86012                    | Media Plann     | ing and Manageme     | ent  |               |                       | Th-U                      | A[];Th-    | CA[]                 |  |
| 6   | UBMSFSVI.5               | Project Work    | (                    |  |               |                       | Pw-l                      | JA [ ] ;Pw | r-CA []              |  |
| Conv  | ocation Fee              |                 | Exam Form Late       | e Exam Form Super Late Fee                               |               |                       | Exa                       | mination   | Fees                 |  |
| Mark  | Statement Fee            |                 | Total:               |  |               |                       |                           |            |                      |  |
|   | .5                       |                 |                      | Io. "  |               | N 15 :                |                           |            |                      |  |
|   |                          | Amount Rece     |                      |  | <u> </u>      | No. and Date:         | 15                        |            |                      |  |
| OD N  |                          |                 | MICR No:             |  | DD Date:      |                       | Ban                       | K:         |                      |  |
|   | er Preference (Code/N    |                 |                      |  |               |                       |                           |            |                      |  |
|   | ie Preference (Code/N    |                 |                      |  |               |                       |                           |            |                      |  |
|   | he Controller of Exam    |                 |                      |  |               | 16 6 11               |                           | Place:     | Vidyavihar           |  |
|   |                          |                 |                      | nination. I have remitted complete and correct to        |               |                       |                           | Date:      |                      |  |
| nave  | gone through the sylla   | abus and the l  | list of books prescr | bed for the examination                                  | for which I a | m appearing. I shall  | not                       |            |                      |  |
|   |                          |                 |                      | or day fixed for university<br>on being found false or i |               |                       |                           |            |                      |  |
|   | elled or rejected.       | ulat III ulo ov | one or arry innormal | on being found false of f                                | ncorrect, my  | carialactare is habi  | c to be                   | _          |                      |  |
|   |                          |                 |                      |  |               |                       |                           | St         | udent'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 |                          |                 |                      |  |               |                       |                           |            |                      |  |
|   |                          |                 |                      | r me. The information pri<br>e/she is regular student    |               |                       |                           |            |                      |  |
|   | se/term work (if any) a  |                 |                      | erone io regular stadent                                 |               | ge and has complete   | od tilo roquiro           | a attoriat | ance and practical   |  |
|   |                          |                 |                      |  |               |                       |                           |            |                      |  |
| Place   | e:                       |                 |                      |  |               |                       |                           |            |                      |  |
|   |                          |                 |                      | _  |               |                       |                           |            |                      |  |
| Date:   |                          |                 |                      |  |               |                       |                           |            |                      |  |
|   |                          |                 |                      | College Staff Signature                                  |               | Seal and Signature of |                           |            |                      |  |
|   |                          |                 |                      |  |               |                       | Principal/HOD/Chairperson |            |                      |  |



Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



|                            | PRN:   | Eligi         | ibility Status:      | Examination form 095240                              | No.:           | Division/Section:                                 | Roll No       | ).:                | - Land Market     |  |
|----------------------------|--|---------------|----------------------|--|----------------|---|---------------|--------------------|-------------------|--|
| :                          | 2017016401265184   |               | Eligible             |  |                | Α   | 53            |                    | ====              |  |
| nstru                      | uction Medium:   | •             |                      |  |                | Nationality:                                      | India         |                    |                   |  |
|                            |  |               |                      | Student's Perso                                      | nal Informati  | on  |               |                    |                   |  |
| Stud                       | ent's Name: SHAH   | YASH ASHIS    | SH                   |  |                | Mother's Name: PF                                 | RITI          | (                  | Gender: Male      |  |
| Nam                        | e in Vernacular Langua   | age:yash      |                      |  |                |   |               |                    |                   |  |
| ٩ddr                       | ess: A/3, Ganesh Krup  | a RHB Road    | Mulund West, mur     | nbai 80  |                |   |               |                    |                   |  |
| City:                      | Mumbai, Taluka: , Dist   | rict: Mumbai  | Suburban, State: N   | Maharashtra, PIN: 40008                              | 30             |   |               |                    |                   |  |
| Telep                      | phone no.: 25619093  |               | Mob                  | ile no: 919224262682                                 |                | Emai  | l : shahyasha | shish@g            | gmail.com         |  |
| OOB                        | : Nov 10, 1999   | Ca            | tegory: Open         |  | Physically     | Handicap: No                                      |               |                    |                   |  |
| Previ                      | ous Latest Examination   | n Details: Se | m IV(Regular-Rev1    | (6)  | Exam Even      | n Event: Apr-2019 Seat No: 0668701 (Status: Pass) |               |                    |                   |  |
| Exan                       | n form appearance type   |               |                      |  |                |   |               |                    |                   |  |
|                            | r 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 86001 Operation Research |  |               |                      |  |                |   |               | A [ ] ;Th-         |                   |  |
| 2 86003 Brand Management   |  |               |                      |  |                |   | Th-U          | A [ ] ;Th-         | CA[]              |  |
| 3 86006 Retail Management  |  |               |                      |  |                |   | Th-U          | Th-UA [] ;Th-CA [] |                   |  |
| 4                          | 86009  | International | Marketing            |  |                |   | Th-U          | A [ ] ;Th-         | CA[]              |  |
| 5                          | 86012  | Media Plann   | ing and Manageme     | ent  |                |   | Th-U          | A [ ] ;Th-         | CA[]              |  |
| 6                          | UBMSFSVI.5   | Project Work  | <                    |  |                |   | Pw-U          | JA [ ] ;Pw         | /-CA [ ]          |  |
| Conv                       | ocation Fee  |               | Exam Form Late       | Fee  | Exam Form      | Super Late Fee                                    | Exa           | mination           | Fees              |  |
| Mark                       | Statement Fee  |               | Total:               |  |                |   |               |                    |                   |  |
|                            |  |               |                      | lo "   | · ·            | N 15 :  |               |                    |                   |  |
|                            |  | Amount Rece   | 1                    | <del></del>  | · ·            | No. and Date:                                     | - Is .        |                    |                   |  |
| OD N                       |  |               | MICR No:             |  | DD Date:       |   | Bank          | <b>C</b> :         |                   |  |
|                            | er Preference (Code/N  |               |                      |  |                |   |               |                    |                   |  |
|                            | e Preference (Code/Na  |               |                      |  |                |   |               |                    |                   |  |
|                            | he Controller of Exami   |               |                      |  |                | 16 6 11   |               | Place:             | Vidyavihar        |  |
|                            |  |               |                      | nination. I have remitted complete and correct to    |                |   |               | Date:              |                   |  |
| nave                       | gone through the sylla   | bus and the   | list of books prescr | ibed for the examination                             | for which I a  | m appearing. I shall                              | not           |                    |                   |  |
|                            |  |               |                      | or day fixed for universit                           |                |   |               |                    |                   |  |
|                            | er ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be neelled or rejected. |               |                      |  |                |   |               |                    |                   |  |
|                            |  |               |                      |  |                |   |               | St                 | udent's Signature |  |
|                            | aration by Principal/HO  |               |                      |  |                |   |               |                    |                   |  |
|                            |  |               |                      | / me. The information pr<br>e/she is regular student |                |   |               |                    |                   |  |
|                            | se/term work (if any) ac   |               |                      |  |                | ,   |               |                    | p                 |  |
|                            |  |               |                      |  |                |   |               |                    |                   |  |
| Place                      | <b>e</b> :   |               |                      |  |                |   |               |                    |                   |  |
|                            |  |               |                      | <b>—</b> [   |                |   |               |                    |                   |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|           | PRN:   | Eligi           | bility Status:                          | Examination 09524   |                     | Division/Section:     | Roll No         | ı.:                                   | Calco                |  |
|-----------|--|-----------------|---|---|---------------------|-----------------------|-----------------|---------------------------------------|----------------------|--|
|           | 2017016401265192   |                 | Eligible                                |   |                     | В                     | 109             |                                       |                      |  |
| Instr     | uction Medium:   |                 |   |   |                     | Nationality:          | India           |                                       |                      |  |
|           |  |                 |   | Student's P   | ersonal Informati   | on                    |                 |                                       |                      |  |
| Stud      | ent's Name: PARE   | EK ANURADI      | IA SATYANARAY                           | AN  |                     | Mother's Name: SI     | JSHEELA         | (                                     | Gender: Female       |  |
| Nam       | e in Vernacular Langu  | age:अनुराधा     | सत्यनारायण पारिव                        | 5   |                     |                       |                 |                                       |                      |  |
| Addr      | ess: B 26/13 Someshv   | var CHS MG      | complex, sector 14                      | Vashi   |                     |                       |                 |                                       |                      |  |
|           | Navi Mumbai, Taluka:   | Thane, Distri   |   |   |                     |                       |                 |                                       |                      |  |
|           | ohone no.:   |                 |   | ile no: 9173030312  |                     |                       | l : ravipareek. | in@gma                                | nil.com              |  |
|           | : Sep 29, 1999   |                 | tegory: Open                            |   | <del></del>         | Handicap: No          |                 |                                       |                      |  |
|           | ious Latest Examinatio   |                 | m IV(Regular-Rev                        | 6)  | Exam Even           | t: Apr-2019           | Seat            | t No: 066                             | 68745 (Status: Pass) |  |
|           | n form appearance typ  |                 |   |   |                     |                       |                 |                                       |                      |  |
|           |  | ase select Pa   | per details which y                     |   |                     | ssessment,CA - Co     | llege Assessn   | nent)                                 |                      |  |
| SN        | Paper Code   | 0 1 5           |   | Paper Nai   | me                  |                       |                 | AM - AT<br>Th-UA [] ;Th-CA []         |                      |  |
| 1         | 86001  | Operation Re    |   |   |                     |                       |                 |                                       |                      |  |
| 2         | 86004  |                 | al Perspective                          | mant  |                     |                       |                 | A [ ] ;Th-                            |                      |  |
| 3         | 86010<br>86016   |                 | ice Sector Manage<br>ource Accounting a |   |                     |                       |                 | Th-UA [] ;Th-CA [] Th-UA [] ;Th-CA [] |                      |  |
| 5         | 86019  |                 | in Management                           | nu Audit  | u / tudit           |                       |                 | A[];Th-                               |                      |  |
| 6         | UBMSFSVI.5   | Project Work    |   |   |                     |                       |                 | A[];Pw                                |                      |  |
| _         | ocation Fee  | i roject vvon   | Exam Form Late                          | Fee   | Fxam Form           | Super Late Fee        | <u> </u>        | mination                              |                      |  |
|           | Statement Fee  |                 | Total:                                  |   | Exami om            | Cupor Luto 1 00       | Exai            | 11111011011                           | 1 000                |  |
|           |  |                 |   |   |                     |                       | ļ               |                                       |                      |  |
| Payr      | nent Details:  | Amount Rece     | ived:                                   |   | College Receipt     | No. and Date:         |                 |                                       |                      |  |
| DD N      | lo:  |                 | MICR No:                                |   | DD Date:            |                       | Bank            | :                                     |                      |  |
|           | er Preference (Code/N  |                 |   |   |                     |                       |                 |                                       |                      |  |
|           | ie Preference (Code/N  | <u> </u>        |   |   |                     |                       |                 |                                       |                      |  |
|           | he Controller of Exam  |                 |   |   |                     |                       |                 | Place:                                | Vidyavihar           |  |
| decla     | uest permission to pres<br>are that all statement m<br>gone through the sylla  | nade in this ap | plication are true,                     | complete and correc   | ct to the best of m | ny knowledge and be   | elief. I        | Date:                                 |                      |  |
| requ      | est for any special con-   | cession such    | as change in time                       | or day fixed for unive  | ersity Examination  | n etc. on religious o | any             |                                       |                      |  |
|           | ground. I understand 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         |                                       |                      |  |
|           |  |                 |   |   |                     |                       |                 | St                                    | udent's Signature    |  |
| This resp | claration by Principal/HOD/Chairperson 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     | e:   |                 |   |   |                     |                       |                 |                                       |                      |  |
| Date      | :  |                 |   | _   |                     |                       |                 |                                       |                      |  |
|           |  |                 |   | College Staff Signature Seal and Signature of Principal/HOD/Chairperson |                     |                       |                 |                                       |                      |  |



Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:

'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



| PRN:   | Eligibility Status:   | 095242                     | INU           | Division/Section | on: R          | oll No.:      | echno-               |  |
|--|---|----------------------------|---------------|------------------|----------------|---------------|----------------------|--|
| 2017016401265203   | Eligible  |                            |               | С                |                | 203           | Kuishna              |  |
| nstruction Medium:   |   |                            |               | Nationality:     | India          |               |                      |  |
|  |   | Student's Perso            | nal Informati | on               |                |               |                      |  |
| Student's Name: SHAH K                                       | RISHNA SANJAY   |                            |               | Mother's Nam     | ne: RINKU      |               | Gender: Female       |  |
| lame in Vernacular Languag                                   | je:शाह कृष्णा संजय  |                            |               |                  |                |               |                      |  |
| Address: 2/A,PARAS BUILDI                                    | NG 60 FEET ROAD,DERASA  | R LANE GHATKOPAR E         | EAST          |                  |                |               |                      |  |
| City: MUMBAI, Taluka: Kurla                                  | , District: Mumbai Suburban, S                                      | State: Maharashtra, PIN:   | 400077        |                  |                |               |                      |  |
| elephone no.: 25014861                                       | Mob   | pile no: 919619873898      |               |                  | Email : krishı | nashah25344   | @gmail.com           |  |
| OOB: Mar 25, 1999  | Category: Open  |                            | Physically    | Handicap: No     |                |               |                      |  |
| Previous Latest Examination                                  | Details: Sem IV(Regular-Rev1  | 16)                        | Exam Even     | t: Apr-2019      |                | Seat No: 06   | 68633 (Status: Pass) |  |
| xam form appearance type:                                    | Fresher   |                            |               |                  |                |               |                      |  |
| Paper Details: Pleas   | se select Paper details which y                                     | ou want to appear ( UA -   | University A  | Assessment,CA    | - College As   | sessment)     |                      |  |
| SN Paper Code  |   | Paper Name                 |               |                  |                |               | AM - AT              |  |
|  | peration Research   |                            |               |                  |                | Th-UA[];Th    | -CA[]                |  |
|  | nternational Finance  |                            |               |                  |                | Th-UA [ ] ;Th | -CA[]                |  |
|  | Project Management  |                            |               |                  |                | Th-UA [ ] ;Th | -CA[]                |  |
|  | Strategic Financial Managemer                                       | nt                         |               |                  |                | Th-UA [ ] ;Th | -CA[]                |  |
| 5 86017 lı   | ndirect Taxes   |                            |               |                  |                | Th-UA [ ] ;Th | h-UA [] ;Th-CA []    |  |
| 6 UBMSFSVI.5 F   | Project Work  |                            |               |                  |                | Pw-UA [ ] ;Pv | v-CA []              |  |
| Convocation Fee  | Exam Form Late  | Fee                        | Exam Form     | Super Late Fee   | )              | Examination   | n Fees               |  |
| Mark Statement Fee   | Total:  |                            |               |                  |                |               |                      |  |
| Payment Details: Ar  | mount Received:   | Colle                      | ege Receint   | No. and Date:    |                |               |                      |  |
| DD No:   | MICR No:  | <u> </u>                   | DD Date:      | rto. and Bato.   |                | Bank:         |                      |  |
| Center Preference (Code/Na                                   |   | ļ.                         |               |                  |                | 1             |                      |  |
| /enue Preference (Code/Nai                                   |   |                            |               |                  |                |               |                      |  |
| o, The Controller of Examin                                  | ation,  |                            |               |                  |                | Place:        | Vidyavihar           |  |
|  | nt myself for the ensuing exan                                      |                            |               |                  |                | ,             | <b>,</b>             |  |
|  | de in this application are true,<br>us and the list of books prescr |                            |               |                  |                | Date:         |                      |  |
|  | ession such as change in time                                       |                            |               |                  |                |               |                      |  |
|  | at in the event of any informat                                     | ion being found false or i | incorrect, my | candidature is   | liable to be   |               |                      |  |
| ancelled or rejected.  |   |                            |               |                  |                | S             | tudent's Signature   |  |
| Declaration by Principal/HOD                                 | )/Chairperson   |                            |               |                  |                | •             |                      |  |
|  | zed by the College staff and by                                     |                            |               |                  |                |               |                      |  |
| esponsibility of fulfillment/recourse/term work (if any) acc | ctification of the information. He                                  | e/she is regular student   | of this Colle | ge and has com   | pleted the re  | quired attend | ance and practical   |  |
|  | g to a.m.orony raiso.   | T                          |               |                  |                |               |                      |  |
| 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status:  |   |                   | ibility Status:      | Examination form<br>095243                           | n No.:         | Division/Section: | Roll No.:                               | :                 | Lahra Hoga           |  |
|---|---|-------------------|----------------------|--|----------------|-------------------|---|-------------------|----------------------|--|
| 2   | 2017016401265211  | P                 | Provisional          |  | Ш              | С                 | 171                                     |                   | Later                |  |
| nstrı   | uction Medium:  | -                 |                      |  |                | Nationality:      | India                                   |                   |                      |  |
|   |   |                   |                      | Student's Perso                                      | onal Informati | on                |   |                   |                      |  |
| Stude   | ent's Name: JAIN RA   | AJVI DEVICH       | HAND                 |  |                | Mother's Name: SU | JJATA                                   | C                 | Gender: Female       |  |
| Nam   | e in Vernacular Langua  | age:राजवी         |                      |  |                |                   |   |                   |                      |  |
| Addr  | ess: B/35/7 SOMESHV   | VAR COOP F        | HOUSING SOC M/       | AHATMA GANDHI COM                                    | ЛРLEX          |                   |   |                   |                      |  |
| City:   | NAVI MUMBAI, Taluka   | ı: , District: Th | nane, State: Mahar   | ashtra, PIN: 400703                                  |                |                   |   |                   |                      |  |
| Teler   | phone no.:  |                   | Mot                  | oile no: 919825019917                                | <del>.</del>   | Email             | l : darshan2282                         | 2@gma             | ail.com              |  |
| DOB   | : Apr 19, 2000  | Cat               | tegory: Open         |  | Physically     | Handicap: No      |   |                   |                      |  |
| Previ   | ious Latest Examinatior   | n Details: Ser    | m IV(Regular-Rev     | 16)  | Exam Even      | t: Apr-2019       | Seat I                                  | No: 066           | 68607 (Status: Pass) |  |
| Exam form appearance type: Fresher  |   |                   |                      |  |                |                   |   |                   |                      |  |
| Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) |   |                   |                      |  |                |                   |   |                   |                      |  |
| SN  | Paper Code  |                   |                      | Paper Name   |                |                   |   |                   | AM - AT              |  |
| 1   | 86001   | Operation Re      | esearch              |  |                |                   | Th-UA                                   | ۲[];Th-(          | CA[]                 |  |
| 2   | 86002   | International     | Finance              |  |                |                   | Th-UA                                   | ۲[];Th-(          | CA[]                 |  |
| 3   | 86008   | Project Mana      | agement              |  | Tł             |                   |   | Th-UA [];Th-CA [] |                      |  |
| 4   | 86011   | Strategic Fin     | nancial Managemer    | nt   |                |                   | Th-UA                                   | ۲[];Th-(          | CA[]                 |  |
| 5   | 86017   | Indirect Taxe     | ∋s                   |  |                |                   | Th-UA                                   | ۲[];Th-(          | CA[]                 |  |
| 6   | UBMSFSVI.5  | Project Work      | ζ                    |  |                |                   | Pw-UA                                   | 4 [];Pw           | r-CA []              |  |
| Conv  | ocation Fee   |                   | Exam Form Late       | Fee  | Exam Form      | Super Late Fee    | Exam                                    | nination          | Fees                 |  |
| Mark  | Statement Fee   |                   | Total:               |  |                |                   |   |                   |                      |  |
|   |   |                   |                      |  |                |                   |   |                   |                      |  |
|   |   | Amount Recei      |                      | Col  | llege Receipt  | No. and Date:     | <u> </u>                                |                   |                      |  |
| DD N  |   |                   | MICR No:             |  | DD Date:       |                   | Bank:                                   |                   |                      |  |
|   | er Preference (Code/Na  |                   |                      |  |                |                   |   |                   |                      |  |
|   | ue Preference (Code/Na  |                   |                      |  |                |                   |   |                   | T                    |  |
|   | The Controller of Examin  | -                 |                      |  |                |                   |   | Place:            | Vidyavihar           |  |
|   |   |                   |                      | nination. I have remitted<br>complete and correct to |                |                   |   | Date:             |                      |  |
|   |   |                   |                      | ribed for the examination                            |                |                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   |                      |  |
|   |   |                   |                      | or day fixed for universi                            |                |                   |   |                   |                      |  |
|   | 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. |                   |                      |  |                |                   |   |                   |                      |  |
|   | -,-   |                   |                      |  |                |                   |   | Stı               | udent's Signature    |  |
|   | aration by Principal/HO   | -                 |                      |  |                |                   |   |                   |                      |  |
| respo   |   | ectification of   | f the information. H | y me. The information p<br>le/she is regular student |                |                   |   |                   |                      |  |
| Place   | ce:   |                   |                      |  |                |                   |   |                   |                      |  |



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

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

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Seal and Signature of Principal/HOD/Chairperson

|         | PRN:  | Eligi           | ibility Status:      | Examination for<br>095244 | m No.:           | Division/Section:  | Roll N           | lo.:               | 16TX 80              |  |
|---------|---|-----------------|----------------------|---------------------------|------------------|--------------------|------------------|--------------------|----------------------|--|
| :       | 2017016401265226  |                 | Eligible             |                           |                  | С                  | 162              | 2                  | Mars.                |  |
| nstru   | uction Medium:  |                 |                      |                           |                  | Nationality:       | India            |                    |                      |  |
|         |   |                 |                      | Student's Pers            | onal Informati   | on                 |                  |                    |                      |  |
| Stude   | ent's Name: GADA  | JILL VINOD      |                      |                           |                  | Mother's Name:     | JAYASHREE        | (                  | Gender: Female       |  |
| Nam     | e in Vernacular Langua  | ge:गाडा जिल     | ा विनोद              |                           |                  |                    |                  |                    |                      |  |
| Addr    | ess: 1, PLOT NO.2, RC   | OPALI CHS       | LTD., S.N.MEHTA      | MARG, NEW MANIKI          | AL ESTATE        | GHATKOPAR (WE      | ST) MUMBAI       |                    |                      |  |
| City:   | MUMBAI, Taluka: Kurla   | a, District: Mi |                      |                           | I: 400086        |                    |                  |                    |                      |  |
| Telep   | phone no.:  |                 | Mob                  | ile no: 918097946454      |                  | Em                 | ail : jillgada12 | 23@gmail.          | com                  |  |
| OOB     | : Jul 01, 1999  | Ca              | tegory: Open         |                           | Physically       | Handicap: No       |                  |                    |                      |  |
| Previ   | ious Latest Examination   | n Details: Se   | m IV(Regular-Rev1    | (6)                       | Exam Even        | t: Apr-2019        | Se               | at No: 066         | 68598 (Status: Pass) |  |
|         | n form appearance type  | : Fresher       |                      |                           |                  |                    |                  |                    |                      |  |
| Pape    | r Details: Plea   | se select Pa    | per details which y  | ou want to appear ( UA    | \ - University A | Assessment,CA - C  | ollege Assess    | sment)             |                      |  |
| SN      | Paper Code  |                 |                      | Paper Name                |                  |                    |                  |                    | AM - AT              |  |
| 1       | 86001   | Operation Re    | esearch              |                           |                  | Th-                | UA [ ] ;Th-      | ·CA[]              |                      |  |
| 2       | 86002   | International   | Finance              |                           |                  |                    | Th-              | UA [ ] ;Th-        | ·CA[]                |  |
| 3       | 86008   | Project Mana    | agement              |                           |                  |                    | Th-              | Th-UA [] ;Th-CA [] |                      |  |
| 4       | 86011   | Strategic Fin   | ancial Managemer     | nt                        |                  |                    | Th-              | UA [ ] ;Th-        | ·CA[]                |  |
| 5       | 86017   | Indirect Taxe   | es                   |                           |                  |                    | Th-              | UA [ ] ;Th-        | -CA[]                |  |
| 6       | UBMSFSVI.5  | Project Work    | <                    |                           |                  |                    | Pw-              | ·UA[];Pw           | /-CA[]               |  |
| Conv    | ocation Fee   |                 | Exam Form Late       | Fee                       | Exam Form        | Super Late Fee     | Ex               | amination          | Fees                 |  |
| Mark    | Statement Fee   |                 | Total:               |                           |                  |                    |                  |                    |                      |  |
|         |   |                 |                      | I <sub>a</sub>            |                  |                    |                  |                    |                      |  |
|         |   | mount Rece      | T                    | Co                        |                  | No. and Date:      | ln-              |                    |                      |  |
| OD N    |   |                 | MICR No:             |                           | DD Date:         |                    | Bar              | nk:                |                      |  |
|         | er Preference (Code/Na  |                 |                      |                           |                  |                    |                  |                    |                      |  |
|         | e Preference (Code/Na   |                 |                      |                           |                  |                    |                  |                    |                      |  |
|         | he Controller of Examin   |                 |                      |                           |                  |                    |                  | Place:             | Vidyavihar           |  |
|         | uest permission to pres<br>are that all statement ma  |                 |                      |                           |                  |                    |                  | Date:              |                      |  |
| nave    | gone through the syllal   | bus and the l   | list of books prescr | ibed for the examinatio   | n for which I a  | m appearing. I sha | II not           |                    |                      |  |
|         | est for any special conc<br>ground. I understand t  |                 |                      |                           |                  |                    |                  |                    |                      |  |
|         | elled or rejected.  | ilat iii alo ov | one or arry imprinat | on boing round raise o    |                  |                    |                  |                    |                      |  |
|         | Student's Signature   |                 |                      |                           |                  |                    |                  |                    |                      |  |
|         | 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 |                 |                      |                           |                  |                    |                  |                    |                      |  |
|         | form is carefully scrutin<br>onsibility of fulfillment/re   |                 |                      |                           |                  |                    |                  |                    |                      |  |
|         | se/term work (if any) ac  |                 |                      | orono lo rogalar otadon   |                  | go ana nao compio  | iou ino roquii   | ou attoriut        | and and producti     |  |
|         |   |                 |                      |                           |                  |                    |                  |                    |                      |  |
| Place   | e:  |                 |                      |                           |                  |                    |                  |                    |                      |  |
|         |   |                 |                      | -                         |                  |                    |                  |                    |                      |  |
| <b></b> | _   |                 |                      |                           |                  |                    | 1                |                    |                      |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:



|        | PRN:                      | Eligi                               | ibility Status:                           | 095245   | II NO             | Division/Section:      | Roll No.   | ).:        | a mess               |
|--------|---------------------------|-------------------------------------|---|--|-------------------|------------------------|--|------------|----------------------|
| 2      | 2017016401265234          |                                     | Eligible                                  |  | III               | Α                      | 25   |            | Patrich              |
| Instru | uction Medium:            |                                     |   |  |                   | Nationality:           | India  |            |                      |
|        |                           |                                     |   | Student's Perso  | onal Informati    | ion                    |  |            |                      |
| Stude  | ent's Name: JAISW         | AR RATNES!                          | HKUMAR RAJARA                             | AM   |                   | Mother's Name: U       | SHADEVI  |            | Gender: Male         |
| Name   | e in Vernacular Langua    | age:जैस्वार रत                      | नेशकुमार राजाराम                          |  |                   |                        |  |            |                      |
| Addre  | ess: M.N.DESAI CHAV       | NL,R.B. KAD/                        | AM MARG, NEAR                             | ASHOK FLOUR MILL,G   | 3HATKOPAP         | {                      |  |            |                      |
| City:  | mumbai, Taluka: Kurla     | a, District: Mur                    | mbai Suburban, St                         | tate: Maharashtra, PIN: 4  | 400084            |                        |  |            |                      |
|        | ohone no.:                |                                     | Mob                                       | oile no: 918828900692  |                   | Ema                    | il : ratneshjaisv                                  | war08@     | gmail.com            |
| DOB:   | : Aug 06, 1999            | Cat                                 | tegory: Open                              |  | Physically        | Handicap: No           |  |            |                      |
|        | ious Latest Examinatio    |                                     | m IV(Regular-Rev1                         | 16)  | Exam Even         | nt: Apr-2019           | Seat   | t No: 066  | 68673 (Status: Pass) |
| Exam   | 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      | 86001                     | Operation Re                        | esearch                                   |  |                   | Th-U/                  | A [ ] ;Th-   | -CA[]      |                      |
| 2      | 86003                     | Brand Manag                         | gement                                    |  |                   | Th-U/                  | A [ ] ;Th-   | -CA[]      |                      |
| 3      | 86006                     | Retail Manag                        | gement                                    |  |                   | Th-U/                  | n-UA [ ] ;Th-CA [ ]                                |            |                      |
| 4      | 86009                     | International                       | Marketing                                 |  |                   |                        | Th-U/  | A [ ] ;Th- | -CA[]                |
| 5      | 86012                     | Media Plann                         | ning and Manageme                         | ent  |                   |                        | Th-U/  | A [ ] ;Th- | -CA[]                |
| 6      | UBMSFSVI.5                | Project Work                        | (   |  |                   |                        | Pw-U   | JA [ ] ;Pw | v-CA []              |
| Conv   | ocation Fee               |                                     | Exam Form Late                            | Fee  | Exam Form         | Super Late Fee         | Exar   | mination   | Fees                 |
| Mark   | Statement Fee             |                                     | Total:                                    |  |                   |                        |  |            |                      |
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| •      | he Controller of Exami    | •                                   | · · · · · · · · · · · · · · · · · · ·     | or or the second remaited  | l ile a avecavile | f the come             | . Un auralbar                                      | Place:     | Vidyavihar           |
| decla  | are that all statement m  | nade in this ap                     | pplication are true,                      | nination. I have remitted<br>complete and correct to<br>ibed for the examination | the best of n     | ny knowledge and be    | elief. I   | Date:      |                      |
| reque  | est for any special con   | cession such                        | as change in time                         | or day fixed for universit   | ty Examination    | on etc. on religious o | r any  |            |                      |
| other  | r ground. I understand t  |                                     |   | ion being found false or   |                   |                        |  |            |                      |
| cance  | elled or rejected.        |                                     |   |  |                   |                        | !  | St         | tudent's Signature   |
| Decla  | aration by Principal/HO   | D/Chairperso                        | on .                                      |  |                   |                        |  |            |                      |
| This t | form is carefully scrutir | inized by the C<br>rectification of | College staff and by f the information. H | y me. The information pr<br>le/she is regular student                            |                   |                        |  |            |                      |
| Place  | <del></del>               |                                     |   |  |                   |                        |  |            |                      |
|        |                           |                                     |   | _  |                   |                        |  |            |                      |
| Date:  |                           |                                     |   |  |                   |                        |  |            |                      |
|        |                           |                                     |   | College Staff Signature  |                   |                        | Seal and Signature of<br>Principal/HOD/Chairperson |            |                      |



Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status:           |                          |                 |                     | Examination form 095246                                | No.:               | Division/Section:     | Roll No        | .:         | Oralen.                |
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| :                                  | 2017016401265242         | Р               | Provisional         |  |                    | А                     | 56             |            |                        |
| Instru                             | uction Medium:           |                 |                     |  |                    | Nationality:          | India          |            |                        |
|                                    |                          |                 |                     | Student's Perso  | nal Informati      | on                    |                |            |                        |
| Stud                               | ent's Name: SURAN        | NA VIDHI RAV    | VINDRA              |  |                    | Mother's Name: DI     | EEPA           | (          | Gender: Female         |
| Nam                                | e in Vernacular Langua   | эge:सुराणा विष  | धी रवींद्र          |  |                    |                       |                |            |                        |
| Addr                               | ess: 205,CAIRO,SKYL      | INE OASIS P     | REMIER ROAD G       | HATKOPAR WEST  |                    |                       |                |            |                        |
| City:                              | MUMBAI, Taluka: Kurl     | a, District: Μι |                     | tate: Maharashtra, PIN:                                | 400086             |                       |                |            |                        |
|                                    | phone no.:               |                 | Mob                 | ile no: 918655729496                                   |                    | Emai                  | l : vidhis58@g | gmail.co   | m                      |
| DOB                                | : Feb 23, 1999           | Cat             | tegory: Open        |  | Physically         | Handicap: No          |                |            |                        |
|                                    | ious Latest Examination  |                 | m IV(Regular-Rev1   | 16)  | Exam Even          | t: Apr-2019           | Seat           | t No: 066  | 68704 (Status: Pass)   |
| Exam form appearance type: Fresher |                          |                 |                     |  |                    |                       |                |            |                        |
|                                    | 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               | <u></u>         |                     | Paper Name   |                    |                       |                |            | AM - AT                |
| 1                                  |                          | Operation Re    |                     |  |                    |                       |                | A [ ] ;Th- |                        |
| 2 86003 Brand Management           |                          |                 |                     |  |                    |                       |                | A [ ] ;Th- |                        |
| 3 86006 Retail Management          |                          |                 |                     |  | Th-UA [] ;Th-CA [] |                       |                |            |                        |
| 4                                  |                          | International   |                     |  |                    |                       |                | A [ ] ;Th- |                        |
| 5                                  | 86012                    | Media Plann     | ing and Manageme    | ent  |                    |                       | Th-U/          | A [ ] ;Th- | CA[]                   |
| 6                                  | UBMSFSVI.5               | Project Work    | (                   |  |                    |                       | Pw-U           | A [ ] ;Pw  | -CA []                 |
| Conv                               | vocation Fee             |                 | Exam Form Late      | Fee  | Exam Form          | Super Late Fee        | Exar           | mination   | Fees                   |
| Mark                               | Statement Fee            |                 | Total:              |  |                    |                       |                |            |                        |
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|                                    | ue Preference (Code/Na   |                 |                     |  |                    |                       |                |            |                        |
| To, T                              | The Controller of Exami  | ination,        |                     |  |                    |                       |                | Place:     | Vidyavihar             |
| l requ                             | uest permission to pres  | sent myself fo  | or the ensuing exan | nination. I have remitted                              | the prescribe      | ed fee for the same.  | I hereby       |            | viayaviia.             |
|                                    |                          |                 |                     | complete and correct to                                |                    |                       |                | Date:      |                        |
|                                    |                          |                 |                     | ibed for the examination<br>or day fixed for universit |                    |                       |                |            |                        |
| other                              | r ground. Í understand t |                 |                     | on being found false or                                |                    |                       |                |            |                        |
| canc                               | elled or rejected.       |                 |                     |  |                    |                       |                | St         | udent's Signature      |
| Decla                              | aration by Principal/HO  | D/Chairperso    | on                  |  |                    |                       |                |            | <u> </u>               |
|                                    | • •                      | •               |                     | me. The information pr                                 | inted in the f     | orm is correct to the | best of my kn  | owledge    | . I also undertake the |
|                                    |                          |                 |                     | e/she is regular student                               | of this Colle      | ge and has complete   | d the required | d attenda  | ance and practical     |
| cours                              | se/term work (if any) ac | cording to un   | iiversity rules.    |  |                    |                       |                |            |                        |
| Place                              | ۵۰                       |                 |                     |  |                    |                       |                |            |                        |
| iact                               | J.                       |                 |                     |  |                    |                       |                |            |                        |
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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|                   | PRN:  | Eligibility                           | Status:          | Examination for 095247  |  | Division/Section:   | Roll No.   | .:        | DOTO              |  |  |
|-------------------|---|---------------------------------------|------------------|-------------------------|--|---------------------|--|-----------|-------------------|--|--|
|                   | 2017016401265257  | Eligil                                | ble              |                         |  | С                   | 181  |           | West.             |  |  |
| nstr              | uction Medium:  |                                       |                  |                         |  | Nationality:        | India  |           |                   |  |  |
|                   |   |                                       |                  | Student's Pe            | rsonal Informati                                     | on                  |  |           |                   |  |  |
| Stud              | ent's Name: <b>MELW</b>   | ANI RUPALI BHAF                       | RAT              |                         |  | Mother's Name: SN   | NEHA   | C         | Gender: Female    |  |  |
| Nam               | e in Vernacular Langua  | age:मेलवानी रुपाली                    | भारत             |                         |  |                     |  |           |                   |  |  |
| Addr              | ess: MATRUASHISH A  | APARTMENT NEA                         | AR FISH MARI     | KET ROOM NO 404         | SECTION 38   |                     |  |           |                   |  |  |
| City:             | ULHASNAGAR, Taluk   | a: Ulhasnagar, Dis                    | strict: Thane, S | State: Maharashtra, F   | PIN: 421005  |                     |  |           |                   |  |  |
| Γele <sub>l</sub> | ohone no.:  |                                       | Mob              | ile no: 91797708785     | 1  | Emai                | l : rupsmelwar                                     | ni@gma    | il.com            |  |  |
| OOB               | : Jul 21, 1999  | Categor                               | ry: Open         |                         | Physically   | Handicap: No        |  |           |                   |  |  |
| ⊃rev              | ious Latest Examinatio  | n Details: Sem IV(                    | (Regular-Rev1    | 6)                      | Exam Event: Apr-2019 Seat No: 0668617 (Status: Pass) |                     |  |           |                   |  |  |
| Exar              | n form appearance typ   | e: Fresher                            |                  |                         |  |                     |  |           |                   |  |  |
| Pape              | er Details: Plea  | ase select Paper d                    | letails which ye | ou want to appear ( l   | JA - University A                                    | ssessment,CA - Col  | lege Assessm                                       | nent)     |                   |  |  |
| SN                | Paper Code  |                                       |                  | Paper Name              |  |                     |  |           | AM - AT           |  |  |
| 1                 | 86001   | Operation Resear                      | rch              |                         |  |                     |  | ۲ [];Th-  | CA[]              |  |  |
| 2                 | 86002   | International Fina                    | ince             | 7                       |  |                     |  | ۲ [];Th-۱ | CA[]              |  |  |
| 3                 | 86008   | Project Managem                       | nent             |                         |  |                     | Th-UA  | ۲ [];Th-۱ | CA[]              |  |  |
| 4                 | 86011   | Strategic Financia                    | al Managemer     | i .                     |  |                     | Th-UA [];Th-CA []                                  |           |                   |  |  |
| 5                 | 86017   | Indirect Taxes                        |                  |                         |  |                     |  | ۲ [];Th-۱ | CA[]              |  |  |
| 6                 | UBMSFSVI.5  | Project Work                          |                  |                         |  |                     | Pw-U   | A [ ] ;Pw | -CA[]             |  |  |
| Conv              | ocation Fee   | Exa                                   | ım Form Late I   | -ee                     | Exam Form  | Super Late Fee      | Exan   | nination  | Fees              |  |  |
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| <b></b>           | sent Deteller   | Nanasanat Danah sada                  |                  | l c                     | Vallana Danaint                                      | No. and Date:       |  |           |                   |  |  |
| DD N              |   | Amount Received:                      | CR No:           |                         | DD Date:   | No. and Date.       | Bank:  | -         |                   |  |  |
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|                   | The Controller of Exam  | · · · · · · · · · · · · · · · · · · · |                  |                         |  |                     |  | Disease   | VC-1              |  |  |
|                   | uest permission to pres   |                                       | ensuina evam     | ination I have remit    | ed the prescribe                                     | ad foe for the same | l hereby   | Place:    | Vidyavihar        |  |  |
| decla             | are that all statement m  | ade in this applica                   | ation are true,  | complete and correct    | to the best of n                                     | ny knowledge and be | elief. I   | Date:     |                   |  |  |
|                   | gone through the sylla<br>est for any special con   |                                       |                  |                         |  |                     |  |           |                   |  |  |
| othe              | ground. I understand  |                                       |                  |                         |  |                     |  |           |                   |  |  |
| canc              | elled or rejected.  |                                       | •                | _                       | •  |                     |  | C+.       | udent's Signature |  |  |
| Doct              | eclaration by Principal/HOD/Chairperson   |                                       |                  |                         |  |                     |  |           |                   |  |  |
| This<br>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. |                                       |                  |                         |  |                     |  |           |                   |  |  |
| Jour              | John Work (ii diry) di  | Joording to driivers                  | ony ruico.       |                         |  |                     |  |           |                   |  |  |
| Place             | <b>9</b> :  |                                       |                  |                         |  |                     |  |           |                   |  |  |
| Date              |   |                                       |                  |                         |  |                     |  |           |                   |  |  |
| Jale              |   |                                       |                  | College Staff Signature |  |                     | Seal and Signature of<br>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.

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

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|                          | PRN:  | Eligi            | ibility Status:                              | Examination for 095248 |                    | Division/Section:    | Roll No       | ).:                | Mr. Hea              |  |
|--------------------------|---|------------------|--|------------------------|--------------------|----------------------|---------------|--------------------|----------------------|--|
| :                        | 2017016401265265  |                  | Eligible                                     |                        | -                  | С                    | 183           |                    | Stordhan             |  |
| Instru                   | uction Medium:  |                  |  |                        |                    | Nationality:         | India         |                    |                      |  |
|                          |   |                  |  | Student's Pe           | ersonal Informati  | on                   |               | -                  |                      |  |
| Stude                    | ent's Name: MOND  | KAR MITHILF      | ESH JAYWANT                                  |                        |                    | Mother's Name: SH    | HALAKA        | (                  | Gender: Male         |  |
| Nam                      | e in Vernacular Langua  | age:मोंडकर मि    | ।थिलेश जयवंत                                 |                        |                    |                      |               |                    |                      |  |
| Addr                     | ess: ROOM NO 204 W  | VING A SHIV      | KRUPA CHS PAN                                | TNAGAR GAURISH         | ANKAR WADI I       | NO 1                 |               |                    |                      |  |
| <u> </u>                 | MUMBAI, Taluka: Kurl  | la, District: Μι |  |                        |                    |                      |               |                    |                      |  |
|                          | ohone no.:  |                  |  | oile no: 91961901329   |                    |                      | I: mithileshm | ondkar9            | 9@gmail.com          |  |
|                          | : Apr 15, 2000  |                  | tegory: Reserved (                           |                        | Physically         | Handicap: No         |               |                    |                      |  |
|                          |   |                  |  |                        |                    |                      |               |                    | 68619 (Status: Pass) |  |
|                          | n form appearance type  |                  |  |                        |                    |                      |               |                    |                      |  |
| Pape                     | er Details: Plea  | ase select Pa    | per details which y                          | ou want to appear ( l  | JA - University A  | ssessment,CA - Col   | lege Assessr  | nent)              |                      |  |
| SN Paper Code Paper Name |   |                  |  |                        |                    |                      |               |                    | AM - AT              |  |
| 1                        | 86001   | Operation Re     | esearch                                      |                        |                    |                      | Th-U          | A[];Th-            | ·CA[]                |  |
| 2                        | 86002   | International    | Finance                                      |                        |                    |                      | Th-U          | A [ ] ;Th-         | ·CA[]                |  |
| 3                        | 86008   | Project Mana     | agement                                      |                        |                    |                      | Th-U          | Th-UA [] ;Th-CA [] |                      |  |
| 4                        | 86011   | Strategic Fin    | ancial Managemer                             | ıt                     |                    |                      |               | A [ ] ;Th-         |                      |  |
| 5                        | 86017   | Indirect Taxe    | s  |                        |                    |                      | Th-U          | A[];Th-            | ·CA[]                |  |
| 6                        | UBMSFSVI.5  | Project Work     | <u>:                                    </u> |                        |                    |                      | 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:                                       |                        |                    |                      |               |                    |                      |  |
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| DD N                     |   |                  | MICR No:                                     |                        | DD Date:           | NO. dila Date.       | Bank          |                    |                      |  |
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|                          | The Controller of Exami   |                  |  |                        |                    |                      |               | T <sub>51</sub> ,  |                      |  |
|                          | uest permission to pres   |                  | or the encuing ever                          | nination. I have remit | tod the prescribe  | nd fee for the same  | l harahy      | Place:             | Vidyavihar           |  |
| decla                    | are that all statement m  | nade in this ap  | pplication are true,                         | complete and correct   | t to the best of m | ny knowledge and be  | elief. I      | Date:              |                      |  |
| have                     | gone through the sylla  | abus and the l   | list of books prescr                         | ibed for the examinat  | tion for which I a | m appearing. I shall | not           | <b>├</b>           |                      |  |
| other                    | est for any special cond<br>ground. I understand  |                  |  |                        |                    |                      |               |                    |                      |  |
| canc                     | elled or rejected.  |                  | ,  | <b>3</b>               |                    |                      |               | _,                 | de-atla Cianatura    |  |
| Dool:                    |   | OD/Obelmere      |  |                        |                    |                      |               | Su                 | tudent's Signature   |  |
| This respo               | claration by Principal/HOD/Chairperson 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                    | <b>)</b> :  |                  |  |                        |                    |                      |               |                    |                      |  |
| Date                     | ate:  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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status:                   |   |                       |                   | Examination form<br>095249                      | n No.:   | Division/Section:                            | Roll No.                         | .:                     |   |  |
|--|---|-----------------------|-------------------|---|--|--|----------------------------------|------------------------|---|--|
| :  | 2017016401265273  | Provisi               | ional             |   | III  | А  | 17                               |                        | 950                                       |  |
| Instru                                     | uction Medium:  |                       |                   |   |  | Nationality:                                 | India                            |                        |   |  |
|  |   |                       |                   | Student's Pers                                  | onal Informati                                     | on   |                                  |                        |   |  |
| Stud                                       | ent's Name: GAMI V  | IPUL GELABHAI         |                   |   |  | Mother's Name: LA                            | ADHI                             | Ge                     | ender: Male                               |  |
| Nam  | e in Vernacular Languaç   | ge:गामी विपुल गेल     | नाभाई             |   |  |  |                                  |                        |   |  |
|  | ess: ROOM.NO.101. 1S  |                       |                   |   | S.S HOSPITA  | L  |                                  |                        |   |  |
| - ·  | THANE, Taluka: Bhiwai   | ndi, District: Than   |                   |   |  |  |                                  |                        |   |  |
|  | ohone no.:  |                       |                   | e no: 919892325041                              |  |  | l : vipulgami37                  | 7@gmail.               | com                                       |  |
|  | : Sep 03, 1999  | Category              | <u> </u>          |   | <del>, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</del> | Handicap: No                                 |                                  |                        |   |  |
|  | ious Latest Examination   |                       | Regular-Rev16     | 5)  | Exam Even  | t: Apr-2019                                  | Seat                             | No: 0668               | 3666 (Status: Pass)                       |  |
|  | n form appearance type:   |                       |                   |   |  |  |                                  |                        |   |  |
| Pape                                       |   | se select Paper de    | letails which yo  | u want to appear ( UA                           | - University A                                     | Assessment,CA - Co                           | lege Assessm                     | nent)                  |   |  |
| SN   | Paper Code  |                       |                   | Paper Name                                      |  |  |                                  |                        | AM - AT                                   |  |
| 1  |   | Operation Resear      | rch               |   |  |  |                                  | A [ ] ;Th-C            |   |  |
| 2  |   | Brand Manageme        |                   |   |  |  |                                  | A [ ] ;Th-C            |   |  |
| 3  |   | Retail Manageme       |                   |   |  |  |                                  | Th-UA [];Th-CA []      |   |  |
| 4  | 86009 I   | nternational Mark     | keting            |   |  |  |                                  | Γh-UA [ ] ;Th-CA [ ]   |   |  |
| 5 86012 Media Planning and Management Th-U |   |                       |                   |   |  |  |                                  | n-UA [] ;Th-CA []      |   |  |
| 6  | UBMSFSVI.5 F  | Project Work          |                   |   |  |  | Pw-U                             | A [ ] ;Pw-0            | CA []                                     |  |
| Conv                                       | rocation Fee  | Exa                   | m Form Late F     | ee Exam Form Super Late Fee                     |  |  | Exar                             | nination F             | ees                                       |  |
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| D  | D-4-11 A  |                       |                   | 10.1  | lees Descript                                      | N I D. I                                     |                                  |                        |   |  |
| _  |   | mount Received:       | D No.             | Col   |  | No. and Date:                                | David                            | _                      |   |  |
| DD N                                       |   |                       | R No:             |   | DD Date:   |  | Bank                             | :                      |   |  |
|  | er Preference (Code/Na  |                       |                   |   |  |  |                                  |                        |   |  |
|  | e Preference (Code/Na   |                       |                   |   |  |  |                                  |                        |   |  |
|  | he Controller of Examin   |                       |                   |   |  |  |                                  | Place:                 | Vidyavihar                                |  |
| decla                                      | uest permission to prese<br>are that all statement ma<br>gone through the syllab        | de in this applica    | ation are true, c | omplete and correct to                          | the best of n                                      | ny knowledge and be                          | elief. I                         | Date:                  |   |  |
| reque<br>other                             | est for any special conce<br>ground. I understand the                                   | ession such as ch     | nange in time o   | r day fixed for universi                        | ty Examination                                     | n etc. on religious o                        | any                              |                        |   |  |
|  | ancelled or rejected. Student's Signature   |                       |                   |   |  |  |                                  |                        |   |  |
| Decla                                      | aration by Principal/HOI  | D/Chairperson         |                   |   |  |  |                                  |                        |   |  |
| respo                                      | form is carefully scrutini<br>onsibility of fulfillment/re<br>se/term work (if any) acc | ctification of the in | nformation. He    | me. The information p<br>/she is regular studen | rinted in the fo<br>t of this Collec               | orm is correct to the<br>ge and has complete | best of my kno<br>d the required | owledge.<br>I attendar | I also undertake the<br>nce and practical |  |
| Place                                      | e:  |                       |                   |   |  |  |                                  |                        |   |  |
| Date                                       | <u> </u>  |                       |                   |   |  |  |                                  |                        |   |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|   | PRN:   | Eligi          | ibility Status:      | Examination 09525    |                     | Division/Section:     | Roll No       | ).:        | BNDoshi           |  |
|---|--|----------------|----------------------|----------------------|---------------------|-----------------------|---------------|------------|-------------------|--|
|   | 2017016401265281   |                | Eligible             |                      |                     | В                     | 83            |            | BUDO              |  |
| nstr  | uction Medium:   | •              |                      |                      |                     | Nationality:          | India         |            |                   |  |
|   |  |                |                      | Student's P          | ersonal Informati   | on                    |               |            |                   |  |
| Stud  | ent's Name: DOSHI  | BHAVYA NA      | ARESH                |                      |                     | Mother's Name: St     | JDHA          | (          | Gender: Male      |  |
| Nam   | e in Vernacular Langua   | age:BHAVYA     |                      |                      |                     |                       |               |            |                   |  |
| Addr  | ess: B58, SHRI KRISH   | INA SOCIET     | Y, L.B.S. MARG, \    | EENA NAGAR BAN       | K OF BARODA         | COMPOUND              |               |            |                   |  |
| City:   | MUMBAI, Taluka: Kurl   | a, District: M | umbai Suburban, S    | tate: Maharashtra, I | PIN: 400080         |                       |               |            |                   |  |
| ГеІе  | phone no.: 21644775  |                | Mob                  | ile no: 9195949141   | 63                  | Emai                  | l : bhavyados | hi575@g    | gmail.com         |  |
| OOB   | : Nov 12, 1999   | Ca             | tegory: Open         |                      | Physically          | Handicap: No          |               |            |                   |  |
| Prev  | ious Latest Examination  | t No: 066      | 68721 (Status: Pass) |                      |                     |                       |               |            |                   |  |
| Exam form appearance type: Fresher  |  |                |                      |                      |                     |                       |               |            |                   |  |
| Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment ) |  |                |                      |                      |                     |                       |               |            |                   |  |
| SN  | Paper Code   |                |                      | Paper Na             | me                  |                       |               |            | AM - AT           |  |
| 1   | 86001  | Operation R    | esearch              |                      |                     | Th-U                  | A [ ] ;Th-    | CA[]       |                   |  |
| 2   | 86004  | HRM in Glob    | oal Perspective      |                      |                     |                       | Th-U          | A [ ] ;Th- | CA[]              |  |
| 3   | 86010  | HRM in Serv    | vice Sector Manage   | ement                |                     |                       | Th-U          | A [ ] ;Th- | CA[]              |  |
| 4   | 86016  | Human Reso     | ource Accounting a   | nd Audit             |                     |                       | Th-U          | A [ ] ;Th- | CA[]              |  |
| 5   | 86019  | Indian Ethos   | in Management        |                      |                     |                       | Th-U          | A [ ] ;Th- | CA[]              |  |
| 6   | UBMSFSVI.5   | Project Work   | (                    |                      |                     |                       | Pw-U          | IA [];Pw   | r-CA []           |  |
| Conv  | ocation Fee  |                | Exam Form Late       | Fee                  | Exam Form           | Super Late Fee        | Exa           | mination   | Fees              |  |
| Mark  | Statement Fee  |                | Total:               |                      |                     |                       |               |            |                   |  |
|   |  |                |                      |                      |                     |                       |               |            |                   |  |
|   |  | Amount Rece    | T                    |                      | College Receipt     | No. and Date:         | 1             |            |                   |  |
| 1 DC  |  |                | MICR No:             |                      | DD Date:            |                       | Bank          | C:         |                   |  |
|   | er Preference (Code/N  |                |                      |                      |                     |                       |               |            |                   |  |
|   | ue Preference (Code/Na   | •              |                      |                      |                     |                       |               | 1          |                   |  |
| •   | The Controller of Exami  | •              |                      |                      |                     |                       |               | Place:     | Vidyavihar        |  |
| decla   | uest permission to pres<br>are that all statement m  | ade in this a  | pplication are true, | complete and corre   | ct to the best of n | ny knowledge and be   | elief. I      | Date:      |                   |  |
|   | gone through the sylla est for any special cond  |                |                      |                      |                     |                       |               |            |                   |  |
| othe  | r ground. I understand t   | that in the ev | ent of any informat  | on being found false | e or incorrect, my  | candidature is liable | to be         |            |                   |  |
| canc  | elled or rejected.   |                |                      |                      |                     |                       |               | St         | udent's Signature |  |
| Decl  | eclaration by Principal/HOD/Chairperson  |                |                      |                      |                     |                       |               |            |                   |  |
| This<br>esp   | 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. |                |                      |                      |                     |                       |               |            |                   |  |
| Plac  | e:   |                |                      |                      |                     |                       |               |            |                   |  |
| Date:  College Staff Signature  Seal and Signature of Principal/HOD/Chairpers   |  |                |                      |                      |                     |                       |               |            |                   |  |



### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



|           | <u> </u>   |  |                           |                 |  | 1              |            |                      |  |  |  |  |
|-----------|--|--|---------------------------|-----------------|--|----------------|------------|----------------------|--|--|--|--|
|           | PRN:   | Eligibility Status:  | Examination for<br>095251 | m No.:          | Division/Section:                                  | Roll No.       | .:         | Hum                  |  |  |  |  |
|           | 2017016401265296   | Eligible   |                           |                 | Α  | 55             |            | Com                  |  |  |  |  |
| Instr     | uction Medium:   |  |                           |                 | Nationality:                                       | India          |            |                      |  |  |  |  |
|           |  |  | Student's Pers            | onal Informati  | on   | -              |            |                      |  |  |  |  |
| Stud      | ent's Name: SISODI   | YA VARUN MAHINDRA  |                           |                 | Mother's Name: V                                   | AISHALI        | (          | Gender: Male         |  |  |  |  |
| Nam       | e in Vernacular Langua   | ge:वरुन सिसोदिया   |                           |                 |  |                |            |                      |  |  |  |  |
| Addı      | ess: H1-303 Kharghar v   | alley shilp Sector-36  |                           |                 |  |                |            |                      |  |  |  |  |
| City:     | Kharghar, Taluka: Pany   | vel, District: Raigad, State: Mah                                  | arashtra, PIN: 410210     |                 |  |                |            |                      |  |  |  |  |
| Tele      | phone no.:   | Mob  | ile no: 919702004411      |                 | Emai   | l : mahindrasi | sodiya@    | gmail.com            |  |  |  |  |
| DOE       | 3: May 17, 1999  | Category: Reserved (   | VJ/DT(A))                 | Physically      | Handicap: No                                       |                |            |                      |  |  |  |  |
| Prev      | ious Latest Examination  | n Details: Sem IV(Regular-Rev1                                     | 6)                        | Exam Even       | t: Apr-2019  | Seat           | No: 066    | 68703 (Status: Pass) |  |  |  |  |
| Exar      | Exam form appearance type: Fresher   |  |                           |                 |  |                |            |                      |  |  |  |  |
| Pape      | Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )  |  |                           |                 |  |                |            |                      |  |  |  |  |
| SN        | Paper Code   |  | Paper Name                |                 |  |                |            | AM - AT              |  |  |  |  |
| 1         | 86001  | Operation Research   |                           |                 |  | Th-UA          | 4 [ ] ;Th- | CA[]                 |  |  |  |  |
| 2         |  | Brand Management   |                           |                 |  | Th-UA          | 4 [ ] ;Th- | CA[]                 |  |  |  |  |
| 3         | 86006  | Retail Management  |                           |                 |  |                | 4 [ ] ;Th- |                      |  |  |  |  |
| 4         | 86009  | International Marketing  |                           |                 |  | Th-UA          | 4 [ ] ;Th- | CA[]                 |  |  |  |  |
| 5         | 86012  | Media Planning and Manageme  | ent                       |                 |  |                | 4 [ ] ;Th- |                      |  |  |  |  |
| 6         | UBMSFSVI.5   | Project Work   |                           |                 |  | Pw-U           | A [ ] ;Pw  | -CA []               |  |  |  |  |
| Con       | vocation Fee   | Exam Form Late   | Fee                       | Exam Form       | Super Late Fee                                     | Exar           | mination   | Fees                 |  |  |  |  |
| Mark      | Statement Fee  | Total:   |                           |                 |  |                |            |                      |  |  |  |  |
| Pavr      | ment Details:  | mount Received:  | Co                        | llege Receipt   | No. and Date:                                      |                |            |                      |  |  |  |  |
| DD I      |  | MICR No:   |                           | DD Date:        |  | Bank           | :          |                      |  |  |  |  |
| Cent      | ter Preference (Code/Na  | ame):  |                           | 1               |  | ı              |            |                      |  |  |  |  |
| Venu      | ue Preference (Code/Na   | ime):  |                           |                 |  |                |            |                      |  |  |  |  |
| To, ¹     | The Controller of Examir   | nation,  |                           |                 |  |                | Place:     | Vidyavihar           |  |  |  |  |
| decla     | are that all statement ma  | ent myself for the ensuing exam                                    | complete and correct to   | o the best of n | ny knowledge and be                                | elief. I       | Date:      |                      |  |  |  |  |
|           |  | ous and the list of books prescri<br>ession such as change in time |                           |                 |  |                |            |                      |  |  |  |  |
| othe      | r ground. I understand tl  | nat in the event of any informati                                  | on being found false of   | r incorrect, my | candidature is liable                              | e to be        |            |                      |  |  |  |  |
| canc      | elled or rejected.   |  |                           |                 |  |                | St         | udent's Signature    |  |  |  |  |
| Decl      | aration by Principal/HO  | D/Chairperson  |                           |                 |  | •              |            |                      |  |  |  |  |
| This resp | 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      | e:   |  |                           |                 |  |                |            |                      |  |  |  |  |
| Date      | :  |  |                           | 1- " O' - ·     |  |                | 4 0'       |                      |  |  |  |  |
|           |  |  | College Staff Signature   |                 | Seal and Signature of<br>Principal/HOD/Chairperson |                |            |                      |  |  |  |  |



Date:

# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|                                | PRN:   | Eligi            | bility Status:                        | Examination form<br>095252                          | No.:            | Division/Section:     | Roll No.       | .:               | (D).                 |  |  |
|--------------------------------|--|------------------|---------------------------------------|---|-----------------|-----------------------|----------------|------------------|----------------------|--|--|
| 2                              | 2017016401265307   |                  | Eligible                              |   |                 | С                     | 200            |                  | Blad                 |  |  |
| nstru                          | ıction Medium:   |                  |                                       |   |                 | Nationality:          | India          |                  |                      |  |  |
|                                |  |                  |                                       | Student's Perso                                     | nal Informati   | on                    |                |                  |                      |  |  |
| Stude                          | ent's Name: SHAH I                                       | HEMANSHI K       | KETAN                                 |   |                 | Mother's Name: DIN    | MPLE           | (                | Gender: Female       |  |  |
| lame                           | e in Vernacular Langua                                   | ge:शाह हेमांश    | ————————————————————————————————————— |   |                 |                       |                |                  |                      |  |  |
| Addre                          | ess: 23,Kalpvruksh ,1st                                  | floor, blockn    | ıo.102 K.A.S road ı                   | near S.I.E.S SCHOOL ,                               | King'scircle,   | MUMBAI-400019         |                |                  |                      |  |  |
| City:                          | mumbai, Taluka: Mumb                                     | oai, District: N | √lumbai City, State                   | : Maharashtra, PIN: 400                             | 019             |                       |                |                  |                      |  |  |
| elep                           | phone no.: 24015196                                      |                  | Mob                                   | ile no: 919819195196                                |                 | Email                 | : hemanshish   | hah123@          | @gmail.com           |  |  |
| ОВ                             | : Oct 31, 1999   | Cat              | tegory: Open                          |   | Physically      | Handicap: No          |                |                  |                      |  |  |
| revi                           | ous Latest Examinatior                                   | n Details: Sei   | m IV(Regular-Rev1                     | (6)   | Exam Even       | t: Apr-2019           | Seat           | No: 066          | 68631 (Status: Pass) |  |  |
| xan                            | n form appearance type                                   | : Fresher        |                                       |   |                 |                       |                |                  |                      |  |  |
| ape                            | r Details: Plea  | se select Pa     | per details which y                   | ou want to appear ( UA -                            | - University A  | Assessment,CA - Coll  | ege Assessm    | nent)            |                      |  |  |
| SN                             | Paper Code   |                  |                                       | Paper Name  |                 |                       |                |                  | AM - AT              |  |  |
| 1                              | 86001  | Operation Re     | esearch                               |   |                 |                       | ۲ [] ;Th-      |                  |                      |  |  |
| 2                              | 86002  | International    | Finance                               |   |                 | Th-UA                 | ۲ [];Th-       | CA[]             |                      |  |  |
| 3 86008 Project Management Th- |  |                  |                                       |   |                 |                       |                | -UA [] ;Th-CA [] |                      |  |  |
| 4                              | 86011  | Strategic Fin    | ancial Managemer                      | nt  |                 |                       | Th-UA          | ۲ [ ] ;Th-۱      | CA[]                 |  |  |
| 5                              | 86017  | Indirect Taxe    | s                                     |   |                 |                       | Th-UA          | -UA [] ;Th-CA [] |                      |  |  |
| 6                              | UBMSFSVI.5   | Project Work     |                                       |   |                 |                       | Pw-U           | A [ ] ;Pw        | -CA[]                |  |  |
| Conv                           | ocation Fee  |                  | Exam Form Late                        | Fee   | Exam Form       | Super Late Fee        | Exan           | nination         | Fees                 |  |  |
| /lark                          | Statement Fee  |                  | Total:                                |   |                 |                       |                |                  |                      |  |  |
| Pavn                           | nent Details:  | mount Rece       | ived:                                 | Call  | age Receipt     | No. and Date:         |                |                  |                      |  |  |
| DD N                           |  | unount recc      | MICR No:                              | <u> </u>  | DD Date:        | 140. drid Date.       | Bank:          |                  |                      |  |  |
|                                | er Preference (Code/Na                                   | ame).            | imorrito.                             |   | <i>DD Dato.</i> |                       |                | •                |                      |  |  |
|                                | e Preference (Code/Na                                    |                  |                                       |   |                 |                       |                |                  |                      |  |  |
| o, T                           | he Controller of Examin                                  | nation,          |                                       |   |                 |                       |                | Place:           | Vidyavihar           |  |  |
|                                |  |                  |                                       | nination. I have remitted                           |                 |                       |                |                  |                      |  |  |
|                                |  |                  |                                       | complete and correct to<br>ibed 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 | to be          |                  |                      |  |  |
| ance                           | ncelled or rejected. Student's Signature                 |                  |                                       |   |                 |                       |                |                  |                      |  |  |
| Decla                          | aration by Principal/HO                                  | D/Chairperso     | on                                    |   |                 |                       |                |                  |                      |  |  |
|                                |  |                  |                                       | me. The information pr                              |                 |                       |                |                  |                      |  |  |
|                                | onsibility of fulfillment/re<br>se/term work (if any) ac |                  |                                       | e/she is regular student                            | oi this Colle   | je and nas completed  | ı ine required | attenda          | ince and practical   |  |  |
|                                | ,  |                  |                                       |   |                 |                       |                |                  |                      |  |  |
| Place                          | <b>e</b> :   |                  |                                       |   |                 |                       |                |                  |                      |  |  |
|                                |  |                  |                                       | _   |                 |                       |                |                  |                      |  |  |



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

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|        | PRN:  | Eligi           | ibility Status:      | Examination form No.: 095253                  | Division/Section: | Roll No            | ).:  |             |                      |  |
|--------|---|-----------------|----------------------|---|-------------------|--------------------|--|-------------|----------------------|--|
| :      | 2017016401265315  |                 | Eligible             |   |                   | В                  | 118  |             |                      |  |
| Instru | ıction Medium:  | •               |                      |   |                   | Nationality:       | India  | •           |                      |  |
|        |   |                 |                      | Student's Pe                                  | rsonal Informat   | on                 |  |             |                      |  |
| Stude  | ent's Name: <b>SALUN</b>  | NKE KRUTIKA     | A VIJAY              |   |                   | Mother's Name: K   | IRTI   | C           | Gender: Female       |  |
| Nam    | e in Vernacular Langua  | age:कृतिका      |                      |   |                   |                    |  |             |                      |  |
| Addr   | ess: 2/9, Chand niwas   | s, Shivaji naga | ar, Shivaji nagar,Te | embhi pada road, Bh                           | nandup (W). 40    | 0078               |  |             |                      |  |
| City:  | Bhandup, Taluka: Mur  | mbai, District: | Mumbai City, State   | e: Maharashtra, PIN:                          | 400078            |                    |  |             |                      |  |
| Telep  | phone no.:  |                 | Mob                  | ile no: 91845108642                           | 6                 | Ema                | il : kru.salunke                                   | e@gmail.    | .com                 |  |
| DOB    | : Jan 28, 1999  | Cat             | tegory: Open         |   | Physically        | Handicap: No       |  |             |                      |  |
| Previ  | ous Latest Examinatio   | n Details: Sei  | m IV(Regular-Rev1    | 16)   | Exam Even         | t: Apr-2019        | Seat   | t No: 066   | 88752 (Status: Pass) |  |
| Exan   | n form appearance typ   | e: Fresher      |                      |   |                   |                    |  |             |                      |  |
| Pape   | r Details: Plea   | ase select Pa   | per details which y  | ou want to appear ( L                         | JA - University A | Assessment,CA - Co | llege Assessr                                      | nent)       |                      |  |
| SN     | Paper Code  |                 |                      | Paper Nam                                     | Paper Name        |                    |  |             | AM - AT              |  |
| 1      | 86001   | Operation Re    | esearch              |   |                   | Th-U               | A [ ] ;Th-0  | CA[]        |                      |  |
| 2      | 86004   | HRM in Glob     | al Perspective       |   |                   | Th-U               | A [ ] ;Th-0  | CA[]        |                      |  |
| 3      | 86010   | HRM in Serv     | rice Sector Manage   | ement   |                   | Th-U               | A [ ] ;Th-0  | CA[]        |                      |  |
| 4      | 86016   | Human Reso      | ource Accounting a   | nd Audit                                      |                   | Th-U               | Th-UA[];Th-CA[]                                    |             |                      |  |
| 5      | 86019   | Indian Ethos    | in Management        |   |                   |                    | Th-U   | A [ ] ;Th-0 | CA[]                 |  |
| 6      | UBMSFSVI.5  | Project Work    | (                    |   |                   |                    | Pw-U   | A [ ] ;Pw   | -CA[]                |  |
| Conv   | ocation Fee   | •               | Exam Form Late       | Fee   | Exam Form         | Super Late Fee     | Exa  | mination    | Fees                 |  |
| Mark   | Statement Fee   |                 | Total:               |   |                   |                    |  |             |                      |  |
|        |   |                 |                      |   |                   |                    |  |             |                      |  |
| Payn   | nent Details:   | Amount Rece     | ived:                | C   | College Receipt   | No. and Date:      |  |             |                      |  |
| DD N   | lo:   |                 | MICR No:             |   | DD Date:          |                    | Bank   | Ε.          |                      |  |
| Cent   | er Preference (Code/N   | lame):          |                      |   |                   |                    |  |             |                      |  |
| Venu   | e Preference (Code/N  | ame):           |                      |   |                   |                    |  |             |                      |  |
| To, T  | he Controller of Exam   | ination,        |                      |   |                   |                    |  | Place:      | Vidyavihar           |  |
| decla  | uest permission to pres<br>are that all statement m                             | nade in this ap | oplication are true, | complete and correct                          | to the best of n  | ny knowledge and b | elief. I   | Date:       |                      |  |
|        | gone through the sylla<br>est for any special con                               |                 |                      |   |                   |                    |  |             |                      |  |
| other  | ground. I understand  |                 |                      |   |                   |                    |  |             |                      |  |
| canc   | elled or rejected.  |                 |                      |   |                   |                    |  | Stu         | udent's Signature    |  |
| Decla  | Declaration by Principal/HOD/Chairperson  |                 |                      |   |                   |                    |  |             |                      |  |
| respo  | form is carefully scrutionsibility of fulfillment/r<br>se/term work (if any) ac | ectification of | f the information. H |   |                   |                    |  |             |                      |  |
| Place  | <b>)</b> :  |                 |                      |   |                   |                    |  |             |                      |  |
|        |   |                 |                      | _   |                   |                    |  |             |                      |  |
| Date:  |   |                 |                      | College Staff Signature Soal and Signature or |                   |                    | atura of   |             |                      |  |
|        |   |                 |                      | College Staff Signature                       |                   |                    | Seal and Signature of<br>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.

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

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| PRN:  | Eligibility Status:           | Examination for<br>095254    |                         | Division/Section:       | Roll No.        | ).:  |   |  |  |
|---|-------------------------------|------------------------------|-------------------------|-------------------------|-----------------|--|---|--|--|
| 2017016401265323  | Eligible                      |                              |                         | Α                       | 22              | •  | TO SHEET TO |  |  |
| nstruction Medium:  | -                             | !                            |                         | Nationality:            | India           |  |   |  |  |
|   | _                             | Student's Per                | sonal Informati         | ion                     |                 |  |   |  |  |
| Student's Name: JAIN DH   | RUV DILIP                     |                              |                         | Mother's Name: TA       | ARA             | (  | Gender: Male  |  |  |
| lame in Vernacular Languag  | je:dhruv                      |                              |                         |                         |                 |  |   |  |  |
| ddress: 501,om prakash ap   | partment kisan nagar no.2     | wagle estate                 |                         |                         |                 |  |   |  |  |
| City: thane, Taluka: Thane, D   | District: Thane, State: Mah   | arashtra, PIN: 400604        |                         |                         |                 |  |   |  |  |
| elephone no.:   |                               | Mobile no: 918691821192      |                         | Emai                    | il : dhruvdhoka | <u> 17@gr</u>                                | nail.com  |  |  |
| OOB: Dec 17, 1999   | Category: Open                |                              | Physically Handicap: No |                         |                 |  |   |  |  |
| Previous Latest Examination   |                               | (ev16)                       | Exam Even               | nt: Apr-2019            | Seat            | ≀No: 06€                                     | 68670 (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                   | Э                       |                         |                 |  | AM - AT   |  |  |
|   | Operation Research            |                              |                         |                         | Th-U <i>F</i>   | A [ ] ;Th-                                   | ·CA[]   |  |  |
|   | Brand Management              |                              |                         |                         | A [ ] ;Th-      | •      |   |  |  |
| 3 86006 F   | Retail Management             |                              |                         | Th-U <i>F</i>           | A[];Th-         | ·CA[]  |   |  |  |
| 4 86009 Ir  | nternational Marketing        |                              |                         |                         |                 |  | -CA[]   |  |  |
| 5 86012 N   | Media Planning and Manag      | ement                        |                         |                         | Th-U <i>F</i>   | A[];Th-                                      | ·CA[]   |  |  |
| 6 UBMSFSVI.5 F  | Project Work                  |                              |                         |                         | Pw-U/           | IA [];Pw                                     | <i>i</i> -CA []   |  |  |
| Convocation Fee   | Exam Form L                   | ate Fee                      | Exam Form               | Super Late Fee          | Exar            | mination                                     | Fees  |  |  |
| Mark Statement Fee  | Total:                        |                              | <u> </u>                |                         |                 |  |   |  |  |
|   |                               |                              |                         |                         |                 |  |   |  |  |
| •   | mount Received:               | Cc                           | ollege Receipt          | No. and Date:           |                 |  |   |  |  |
| DD No:  | MICR No:                      |                              | DD Date:                |                         | Bank:           | <u>:                                    </u> |   |  |  |
| Center Preference (Code/Na  | •                             |                              |                         |                         |                 |  |   |  |  |
| /enue Preference (Code/Nar  | •                             |                              |                         |                         |                 |  |   |  |  |
| o, The Controller of Examin   |                               |                              |                         |                         |                 | Place:                                       | Vidyavihar  |  |  |
| request permission to prese<br>leclare that all statement ma<br>lave gone through the syllab                                | ade in this application are t | rue, complete and correct t  | to the best of n        | my knowledge and be     | elief. I        | Date:  |   |  |  |
| equest for any special conce  | ession such as change in t    | ime or day fixed for univers | sity Examination        | on etc. on religious or | r any           |  |   |  |  |
| other ground. I understand the<br>cancelled or rejected.  | at in the event of any infor  | mation being found talse of  | or incorrect, my        | / candidature is liable | to be           |  |   |  |  |
|   |                               |                              |                         |                         |                 | St   | udent's Signature   |  |  |
| Declaration by Principal/HOD  | )/Chairperson                 |                              |                         |                         |                 |  |   |  |  |
| This form is carefully scrutinizesponsibility of fulfillment/recourse/term work (if any) acc                                | ctification of the informatio |                              |                         |                         |                 |  |   |  |  |
| Place:  |                               |                              |                         |                         |                 |  |   |  |  |
| Date:   |                               | College §                    | Staff Signature         |                         |                 |  | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|   | PRN:  | Eligil           | bility Status:       | Examination f<br>09525 |  | Division/Section:   | Roll N          | No.:        | Q 505-            |  |
|---|---|------------------|----------------------|------------------------|--|---------------------|-----------------|-------------|-------------------|--|
|   | 2017016401265331  |                  | Eligible             |                        |  | Α                   | 21              |             | 1330              |  |
| Instru  | uction Medium:  | •                |                      |                        |  | Nationality:        | India           |             |                   |  |
|   |   |                  |                      | Student's Pe           | ersonal Informati                                    | on                  | ·               |             |                   |  |
| Stud  | ent's Name: JAIN A  | YUSH LALIT       |                      |                        |  | Mother's Name:      | KRISHNA         | (           | Gender: Male      |  |
| Nam   | e in Vernacular Langua  | age:जैन आयुष्    | य ललित               |                        |  |                     |                 |             |                   |  |
| Addr  | ess: 305 cairo skyline  | oasis premie     | r road               |                        |  |                     |                 |             |                   |  |
| City:   | Mumbai, Taluka: Mum   | bai, District: N | Mumbai City, State   | : Maharashtra, PIN:    | 400086   |                     |                 |             |                   |  |
|   | ohone no.:  |                  | Mob                  | ile no: 91865560602    |  |                     | ail : jainayush | 1804@gma    | ail.com           |  |
|   | : Oct 13, 1999  |                  | egory: Open          |                        | <del></del>  | Handicap: No        |                 |             |                   |  |
|   | ious Latest Examinatio  |                  | n IV(Regular-Rev1    | 6)                     | Exam Event: Apr-2019 Seat No: 0668669 (Status: Pass) |                     |                 |             |                   |  |
|   | n form appearance typ   |                  |                      |                        |  |                     |                 |             |                   |  |
|   |   | ase select Par   | per details which y  | ou want to appear (    |  | Assessment,CA - C   | ollege Asses    | sment)      |                   |  |
| SN  | Paper Code  |                  |                      | Paper Nan              | ne   |                     |                 |             | AM - AT           |  |
| 1   | 86001   | Operation Re     |                      |                        |  |                     |                 | UA [ ] ;Th- |                   |  |
| 2   | 86003   | Brand Manag      |                      |                        |  |                     |                 | UA [] ;Th-  |                   |  |
| 3   | 86006   | Retail Manag     |                      |                        |  |                     |                 | UA [] ;Th-  |                   |  |
| 4 86009 International Marketing Th-UA [];Th-CA [] 5 86012 Media Planning and Management Th-UA [];Th-CA [] |   |                  |                      |                        |  |                     |                 |             |                   |  |
| 5   | 86012   |                  | ng and Manageme      | ent                    |  |                     |                 |             |                   |  |
| 6   | UBMSFSVI.5  | Project Work     |                      | F                      | TE   | 0                   |                 | -UA [ ] ;Pw |                   |  |
|   | ocation Fee   |                  | Exam Form Late       | ree                    | Exam Form  | Super Late Fee      | EX              | amination   | rees              |  |
| wark  | Statement Fee   |                  | Total:               |                        |  |                     |                 |             |                   |  |
| Payn  | nent Details:   | Amount Recei     | ved:                 |                        | College Receipt                                      | No. and Date:       |                 |             |                   |  |
| DD N  | lo:   |                  | MICR No:             |                        | DD Date:   |                     | Bar             | nk:         |                   |  |
| Cent  | er Preference (Code/N   | lame):           |                      |                        |  |                     |                 |             |                   |  |
| Venu  | ie Preference (Code/N   | ame):            |                      |                        |  |                     |                 |             |                   |  |
| To, T   | he Controller of Exam   | ination,         |                      |                        |  |                     |                 | Place:      | Vidyavihar        |  |
| decla   | uest permission to pres<br>are that all statement m<br>gone through the sylla   | nade in this ap  | plication are true,  | complete and correc    | t to the best of n                                   | ny knowledge and    | oelief. I       | Date:       |                   |  |
| requ  | est for any special con   | cession such     | as change in time    | or day fixed for unive | ersity Examination                                   | n etc. on religious | or any          |             |                   |  |
|   | ground. I understand elled or rejected.   | that in the eve  | ent of any informati | on being found false   | or incorrect, my                                     | candidature is liab | le to be        |             |                   |  |
| Caric   | elled of rejected.  |                  |                      |                        |  |                     |                 | St          | udent's Signature |  |
| Deck  | eclaration by Principal/HOD/Chairperson   |                  |                      |                        |  |                     |                 |             |                   |  |
| 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   | ə:  |                  |                      |                        |  |                     |                 |             |                   |  |
| Date  | ate:  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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|          | PRN:  | Eligi          | bility Status:      | Examination forn<br>095256                           | n No.:   | Division/Section:     | Roll No                             | o.:                      | Hiral                |  |  |
|----------|---|----------------|---------------------|--|--|-----------------------|-------------------------------------|--------------------------|----------------------|--|--|
| ;        | 2017016401265346  |                | Eligible            |  |  | Α                     | 62                                  |                          | Hiral                |  |  |
| Instru   | uction Medium:  | •              |                     |  |  | Nationality:          | India                               |                          |                      |  |  |
|          |   |                |                     | Student's Perso                                      | onal Informati   | on                    |                                     |                          |                      |  |  |
| Stud     | ent's Name: THAK  | ŒR HIRAL J     | AGDISH              |  |  | Mother's Name: SI     | HEETAL                              | (                        | Gender: Female       |  |  |
| Nam      | e in Vernacular Langua  | age:ठक्कर हिर  | रल जगदीश            |  |  |                       |                                     |                          |                      |  |  |
|          |   |                |                     | vs, Balrajeshwar road M                              | lulund (w), M  | umbai                 |                                     |                          |                      |  |  |
| <u> </u> | Mumbai, Taluka: , Dist  | trict: Mumbai  | <del></del>         |  |  |                       |                                     |                          |                      |  |  |
|          | ohone no.: 21641111   | 1_             |                     | ile no: 918097887777                                 | I  |                       | il : hiralthakke                    | er1999@                  | gmail.com            |  |  |
|          | : Jul 14, 1999  |                | tegory: Open        | 10)  | Physically Handicap: No  Exam Event: Apr-2019 Seat No: 0668710 (Status: Pass |                       |                                     |                          |                      |  |  |
|          | ious Latest Examinatio  |                | m IV(Regular-Rev    | (6)  | Exam Even  | t: Apr-2019           | Sea                                 | it No: 066               | 68710 (Status: Pass) |  |  |
|          | n form appearance type  |                | nar dataila which w | au want to annaar / IIA                              | I Iniversity /   | Assessment CA Co      | llaga Assass                        |                          |                      |  |  |
| SN       |   | ase select Pa  | per details which y |  | u want to appear ( UA - University Assessment,CA - College As                |                       |                                     |                          | AM - AT              |  |  |
| 1        | Paper Code<br>86001   | Operation Re   | accorch .           | Paper Name   |  |                       | Th I I                              | Λ [ ] ·Th                |                      |  |  |
| 2        | 86003   | Brand Manag    |                     |  |  |                       |                                     | A [ ] ;Th-<br>A [ ] ;Th- |                      |  |  |
| 3        | 86006   | Retail Manag   |                     |  |  |                       |                                     |                          |                      |  |  |
| 4        | 86009   | International  |                     |  |  |                       | Th-UA [];Th-CA [] Th-UA [];Th-CA [] |                          |                      |  |  |
| 5        | 86012   |                | ing and Manageme    | ent  |  |                       |                                     | Th-UA[];Th-CA[]          |                      |  |  |
| 6        | UBMSFSVI.5  | Project Work   |                     |  |  |                       |                                     | JA [];Pw                 |                      |  |  |
| _        | ocation Fee   | rojour rrom    | Exam Form Late      | Fee  | Exam Form  | Super Late Fee        |                                     | mination                 |                      |  |  |
|          | Statement Fee   |                | Total:              |  |  |                       |                                     |                          |                      |  |  |
|          |   |                |                     | 1  |  |                       | I .                                 |                          |                      |  |  |
|          |   | Amount Rece    | 1                   | Col  | <u> </u>   | No. and Date:         |                                     |                          |                      |  |  |
| DD N     |   |                | MICR No:            |  | DD Date:   |                       | Banl                                | K:                       |                      |  |  |
|          | er Preference (Code/N   |                |                     |  |  |                       |                                     |                          |                      |  |  |
|          | le Preference (Code/N   |                |                     |  |  |                       |                                     |                          |                      |  |  |
|          | he Controller of Exami  |                | r the energing even | nination. I have remitted                            | l tha nraaarih.  | ad fac for the come   | l boroby                            | Place:                   | Vidyavihar           |  |  |
|          |   |                |                     | complete and correct to                              |  |                       |                                     | Date:                    |                      |  |  |
|          |   |                |                     | ibed for the examination                             |  |                       |                                     | -                        |                      |  |  |
|          |   |                |                     | or day fixed for universi<br>on being found false or |  |                       |                                     |                          |                      |  |  |
|          | elled or rejected.  |                | •                   | -  |  |                       |                                     | St                       | udent's Signature    |  |  |
| Decl     | aration by Principal/HC   | D/Chairperso   | on .                |  |  |                       |                                     |                          |                      |  |  |
|          | -   | -              |                     | me The information of                                | rinted in the f  | orm is correct to the | best of my kr                       | nowledge                 | l also undertake the |  |  |
| 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 |                |                     |  |  |                       |                                     |                          |                      |  |  |
| cour     | se/term work (if any) ac  | ccording to ur | niversity rules.    |  |  |                       |                                     |                          |                      |  |  |
| Place    | <u></u>   |                |                     |  |  |                       |                                     |                          |                      |  |  |
|          | <b>ુ.</b>   |                |                     |  |  |                       |                                     |                          |                      |  |  |
| Date     |   |                |                     |  |  |                       |                                     |                          |                      |  |  |
| Jule     | •   |                |                     | College Staff Signature                              |  | Seal and Signature of |                                     |                          |                      |  |  |
|          |   |                |                     | Soliogo Stali Signataro                              |  |                       | 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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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status: |                           |                 | bility Status:       | Examination form<br>095257   | n No.:             | Division/Secti       | on: R          | oll No.:  | yyenurkan.                                      |  |
|--------------------------|---------------------------|-----------------|----------------------|--|--------------------|----------------------|----------------|-----------|---|--|
| 2                        | 2017016401265354          |                 | Eligible             |  | III                | С                    |                | 218       | 08  |  |
| nstru                    | uction Medium:            |                 | -                    |  |                    | Nationality:         | India          |           | <del>.</del>                                    |  |
|                          |                           |                 |                      | Student's Perso  | onal Informat      | on                   |                |           |   |  |
| Stude                    | ent's Name: YERUN         | KAR YASH        | PRATAP               |  |                    | Mother's Nar         | me: SONIYA     |           | Gender: Male                                    |  |
| Name                     | e in Vernacular Langua    | ge:यश           |                      |  |                    |                      |                |           |   |  |
| Addre                    | ess: A9 Ground floor Su   | unita coopera   | ative Society Tilak  | road   |                    |                      |                |           |   |  |
| City:                    | Thane, Taluka: Thane,     | District: Tha   | ne, State: Maharas   | shtra, PIN: 400603   |                    |                      |                |           |   |  |
|                          | phone no.:                | T               |                      | ile no: 917900151274   |                    |                      | Email : yerur  | karyash89 | @gmail.com                                      |  |
|                          | : Oct 17, 1999            |                 | tegory: Open         |  | <del>, ' ' '</del> | Handicap: No         | 1              |           |   |  |
|                          | ous Latest Examination    |                 | m IV(Regular-Rev1    | 16)  | Exam Ever          | t: Apr-2019          |                | Seat No:  | 0668648 (Status: Pass)                          |  |
|                          | n form appearance type    | : Fresher       |                      |  |                    |                      |                |           |   |  |
| Pape                     | r Details: Plea           | se select Pa    | per details which y  | ou want to appear ( UA   | - University A     | Assessment,CA        | A - College As | sessment  | )   |  |
| SN                       | Paper Code                |                 |                      | Paper Name   |                    |                      |                |           | AM - AT   |  |
| 1                        | 86001                     | Operation Re    | esearch              |  |                    |                      |                |           | ;Th-CA[]  |  |
| 2                        | 86002 I                   | International   | Finance              | Т  |                    |                      |                |           | ;Th-CA[]  |  |
| 3                        | 86008 I                   | Project Mana    | agement              |  |                    | Th-UA [ ] ;Th-CA [ ] |                |           |   |  |
| 4                        | 86011                     | Strategic Fin   | ancial Managemer     | nt   |                    |                      |                | Th-UA[];  | [h-UA [] ;Th-CA []                              |  |
| 5                        | 86017 I                   | Indirect Taxe   | s                    |  |                    |                      |                | Th-UA[];  | ;Th-CA[]  |  |
| 6                        | UBMSFSVI.5                | Project Work    | <u> </u>             |  |                    |                      |                | Pw-UA[]   | ;Pw-CA [ ]                                      |  |
| Conv                     | ocation Fee               |                 | Exam Form Late       | Fee  | Exam Form          | Super Late Fe        | е              | Examina   | tion Fees                                       |  |
| Mark                     | Statement Fee             |                 | Total:               |  |                    |                      |                |           |   |  |
|                          | .5."                      |                 | . ,                  | lo "   | . 5                |                      |                |           |   |  |
|                          |                           | mount Rece      |                      | · -  |                    | No. and Date:        |                | ln        |   |  |
| DD N                     |                           |                 | MICR No:             |  | DD Date:           |                      |                | Bank:     |   |  |
|                          | er Preference (Code/Na    |                 |                      |  |                    |                      |                |           |   |  |
|                          | e Preference (Code/Na     |                 |                      |  |                    |                      |                |           |   |  |
|                          | he Controller of Examir   |                 |                      | de esta e la la companya de la companya de la companya de la companya de la companya de la companya de la comp | 1.05 25            | and Constitutions    |                | Pla       | ce: <b>Vidyavihar</b>                           |  |
| decla                    | ire that all statement ma | ade in this ap  | oplication are true, | nination. I have remitted<br>complete and correct to   | the best of r      | ny knowledge a       | and belief. I  | Dat       | e:  |  |
|                          |                           |                 |                      | ibed for the examinatior<br>or day fixed for universi  |                    |                      |                |           |   |  |
| other                    | ground. I understand the  |                 |                      | on being found false or  |                    |                      |                |           |   |  |
| cance                    | elled or rejected.        |                 |                      |  |                    |                      |                |           | Student's Signature                             |  |
| Decla                    | aration by Principal/HOI  | D/Chairperso    | on                   |  |                    |                      |                |           |   |  |
| respo                    |                           | ectification of | the information. H   | r me. The information poe/she is regular student   |                    |                      |                |           | dge. I also undertake the endance and practical |  |
| Place                    | e:<br>                    |                 |                      |  |                    |                      |                |           |   |  |
| ) oto                    |                           |                 |                      |  |                    |                      |                |           |   |  |



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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.:



|                                      | PRN:                        | Eligi           | bility Status:       | 095258   | TINO                        | Division/Section:     | Roll No                   | .:                | nimb <sup>2</sup>    |
|--------------------------------------|-----------------------------|-----------------|----------------------|--|-----------------------------|-----------------------|---------------------------|-------------------|----------------------|
|                                      | 2017016401265377            |                 | Eligible             |  |                             | Α                     | 40                        |                   | n.ganligue           |
| nstr                                 | uction Medium:              | -               |                      |  |                             | Nationality:          | India                     |                   |                      |
|                                      |                             |                 |                      | Student's Perso                                    | onal Informati              | on                    |                           |                   |                      |
| Stud                                 | ent's Name: MOTIV           | /ALA MOHD       | TAUFIQUE MOHE        | FAROOQ   |                             | Mother's Name: Z      | AINAB                     | G                 | ender: Male          |
| lam                                  | e in Vernacular Langua      | age:मोतीवाला    | मोहद तौफिक मोहद      | <b>फारूक</b>                                       |                             |                       |                           |                   |                      |
| ۸ddr                                 | ess: A,103,SULTANA          | APT DADI CO     | DLONY,AMRUT NA       | AGER, THANE,MUMBF                                  | RA                          |                       |                           |                   |                      |
| City:                                | MUMBRA , Taluka: Th         | ane, District:  | Thane, State: Mah    | arashtra, PIN: 400612                              |                             |                       |                           |                   |                      |
| ele                                  | phone no.: 022              |                 | Mob                  | ile no: 918097790804                               |                             | Ema                   | il : motiwalaja           | ved07@g           | gmail.com            |
| ОВ                                   | : Mar 15, 1998              | Cat             | tegory: Open         |  | Physically                  | Handicap: No          |                           |                   |                      |
|                                      | ious Latest Examinatio      |                 | m IV(Regular-Rev1    | 6)   | Exam Even                   | t: Apr-2019           | Sea                       | t No: 066         | 8688 (Status: Pass)  |
|                                      | n form appearance type      |                 |                      |  |                             |                       |                           |                   |                      |
|                                      |                             | se select Pa    | per details which y  | ou want to appear ( UA                             | - University A              | ssessment,CA - Co     | llege Assessr             | nent)             |                      |
| SN                                   | Paper Code                  |                 |                      | Paper Name   | Paper Name                  |                       |                           |                   | AM - AT              |
| 1                                    | 86001                       | Operation Re    | esearch              |  |                             |                       | Th-U                      | A [ ] ;Th-0       | CA[]                 |
| 2                                    | 86003                       | Brand Manag     | gement               |  |                             |                       | Th-U                      | A [ ] ;Th-0       | CA[]                 |
| 3                                    | 86006                       | Retail Manag    |                      |  |                             |                       |                           | A [ ] ;Th-0       |                      |
| 4                                    | 86009                       | International   | Marketing            |  |                             | Th-U                  | Th-UA [];Th-CA []         |                   |                      |
| 5                                    | 86012                       | Media Plann     | ing and Manageme     | ent  |                             |                       | Th-UA[];Th-CA[]           |                   |                      |
| 6                                    | UBMSFSVI.5                  | Project Work    |                      |  | <u> </u>                    |                       |                           | A [ ] ;Pw-        | ·CA[]                |
| Conv                                 | vocation Fee                |                 | Exam Form Late       | Fee  | ee Exam Form Super Late Fee |                       |                           | mination          | Fees                 |
| /lark                                | Statement Fee               |                 | Total:               |  |                             |                       |                           |                   |                      |
| Pavr                                 | nent Details:               | Amount Rece     | ived·                | Col  | lege Receint                | No. and Date:         |                           |                   |                      |
| D N                                  |                             |                 | MICR No:             |  | DD Date:                    |                       | Bank                      | ξ:                |                      |
|                                      | er Preference (Code/N       | ame):           |                      |  |                             |                       |                           |                   |                      |
|                                      | ue Preference (Code/Na      |                 |                      |  |                             |                       |                           |                   |                      |
|                                      | The Controller of Exami     |                 |                      |  |                             |                       |                           | Place:            | Vidyavihar           |
|                                      |                             |                 |                      | nination. I have remitted                          |                             |                       |                           |                   | ,                    |
|                                      |                             |                 |                      | complete and correct to<br>bed for the examination |                             |                       |                           | Date:             |                      |
| equ                                  | est for any special cond    | cession such    | as change in time    | or day fixed for universi                          | ty Examination              | n etc. on religious o | r any                     |                   |                      |
| the                                  | r ground. I understand t    | that in the eve | ent of any informati | on being found false or                            | incorrect, my               | candidature is liable | e to be                   |                   |                      |
| cancelled or rejected. Student's Sig |                             |                 |                      |  |                             |                       |                           | ident's Signature |                      |
| )ecl                                 | aration by Principal/HO     | on              |                      |  | -                           |                       |                           |                   |                      |
| This                                 | form is carefully scrutir   | nized by the C  | College staff and by | me. The information p                              | rinted in the fo            | orm is correct to the | best of my kn             | owledge.          | I also undertake the |
| esp                                  | onsibility of fulfillment/r | ectification of | the information. H   | e/she is regular student                           | of this Collec              | ge and has complete   | ed the require            | d attenda         | nce and practical    |
| our                                  | se/term work (if any) ac    | cording to ur   | liversity rules.     |  |                             |                       |                           |                   |                      |
| Place                                | a·                          |                 |                      |  |                             |                       |                           |                   |                      |
| iaci                                 | <b>_</b>                    |                 |                      |  |                             |                       |                           |                   |                      |
| )o+c                                 |                             |                 |                      |  |                             |                       |                           |                   |                      |
| ate                                  |                             |                 |                      | College Staff Signature                            |                             | Seal and Signature of |                           |                   |                      |
|                                      |                             |                 |                      | 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.

Examination form No.:

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

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|              | PRN:  | Eligi            | ibility Status:      | Examination form No.: 095259 | Division/Section:           | Roll No                | <b>)</b> .:                                     | S               |                     |  |
|--------------|---|------------------|----------------------|------------------------------|-----------------------------|------------------------|---|-----------------|---------------------|--|
| :            | 2017016401265385  |                  | Eligible             |                              | iIII                        | Α                      | 27  |                 | Down                |  |
| nstrı        | uction Medium:  |                  |                      |                              |                             | Nationality:           | India   |                 |                     |  |
|              |   |                  |                      | Student's Perso              | onal Informati              | ion                    |   |                 |                     |  |
| Stude        | lent's Name: <b>JETHV</b>                               | A DEVANSH        | I NARESHKUMAR        |                              |                             | Mother's Name: AF      | RTI   | (               | Gender: Male        |  |
| lam          | ne in Vernacular Languaç                                | ge:JETHVA        | DEVANSH              |                              |                             |                        |   |                 |                     |  |
| ddr          | ress: A/2,TRIMURTI BLE                                  | DG,ELCHIW/       | ADI M.G.ROAD,G       | HATKOPAR W                   |                             |                        |   |                 |                     |  |
| city:        | : MUMBAI, Taluka: Mum                                   | ıbai, District:  |                      |                              | 0086                        |                        |   |                 |                     |  |
| eler         | phone no.:  |                  | Mob                  | oile no: 919967472521        |                             | Emai                   | il : devanshjet                                 | hva@gn          | nail.com            |  |
| ОВ           | 3: Oct 24, 1999   | Cat              | tegory: Open         |                              | Physically                  | y Handicap: No         |   |                 |                     |  |
| revi         | vious Latest Examination                                | า Details: Ser   | m IV(Regular-Rev1    | 16)                          | Exam Even                   | nt: Apr-2019           | Sea   | t No: 910       | 0096 (Status: Pass) |  |
| xan          | m form appearance type:                                 | : Fresher        |                      |                              |                             |                        |   |                 |                     |  |
| <del>.</del> | er Details: Pleas                                       | se select Par    | per details which y  | ou want to appear ( UA       | - University /              | Assessment,CA - Col    | llege Assessr                                   | nent)           |                     |  |
| SN           | Paper Code  |                  |                      | Paper Name                   |                             |                        |   |                 | AM - AT             |  |
| 1            | 86001   | Operation Re     | esearch              |                              |                             | Th-U                   | A [ ] ;Th-0                                     | CA[]            |                     |  |
| 2            | 86003 E   | Brand Manag      | gement               |                              |                             | Th-U                   | A [ ] ;Th-0                                     | CA[]            |                     |  |
| 3            | 86006 F   | Retail Manag     | jement               |                              |                             | Th-U                   | Th-UA [];Th-CA []                               |                 |                     |  |
| 4            | 86009 I   | International    | Marketing            |                              |                             |                        |   |                 | ·CA[]               |  |
| 5            | 86012 N   | Media Planni     | ing and Manageme     | ent                          |                             |                        | Th-U  | A [ ] ;Th-0     | CA[]                |  |
| 6            | UBMSFSVI.5 F  | Project Work     | <u></u>              |                              |                             |                        | Pw-U  | JA [ ] ;Pw      | /-CA []             |  |
| onv          | vocation Fee  |                  | Exam Form Late       | Fee                          | ee Exam Form Super Late Fee |                        |   | mination        | Fees                |  |
| /lark        | k Statement Fee   |                  | Total:               |                              |                             |                        |   |                 |                     |  |
|              |   | 1.0              |                      |                              |                             |                        |   |                 |                     |  |
|              |   | Amount Recei     | 1                    | <del></del>                  | · ·                         | No. and Date:          |   |                 |                     |  |
| DD N         |   |                  | MICR No:             |                              | DD Date:                    |                        | Bank  | Bank:           |                     |  |
|              | ter Preference (Code/Na                                 |                  |                      |                              |                             |                        |   |                 |                     |  |
|              | ue Preference (Code/Na                                  |                  |                      |                              |                             |                        |   |                 |                     |  |
| •            | The Controller of Examin                                | •                |                      |                              |                             |                        |   | Place:          | Vidyavihar          |  |
| lecla        | uest permission to prese<br>are that all statement ma   | ade in this ap   | pplication are true, | complete and correct to      | the best of m               | my knowledge and be    | elief. I  | Date:           |                     |  |
|              | e gone through the syllab<br>lest for any special conce |                  |                      |                              |                             |                        |   | $\vdash$        |                     |  |
| ther         | r ground. I understand th                               |                  |                      |                              |                             |                        |   |                 |                     |  |
| anc          | celled or rejected.                                     |                  |                      |                              |                             |                        |   | l <sub>St</sub> | udent's Signature   |  |
| Jec :        | laration by Principal/HOI                               | <br>D/Chairnersc |                      |                              |                             |                        |   |                 | ddent o oignatare   |  |
|              | form is carefully scrutini                              | =                |                      | u me. The information or     | rinted in the f             | form is correct to the | hest of my kn                                   | owledge         | Lalso undertake the |  |
| espo         | onsibility of fulfillment/re                            | ectification of  | f the information. H |                              |                             |                        |   |                 |                     |  |
| ours         | rse/term work (if any) acc                              | cording to un    | iversity rules.      |                              |                             |                        |   |                 |                     |  |
|              |   |                  |                      |                              |                             |                        | <br>  |                 |                     |  |
| Place        | e:  |                  |                      |                              |                             |                        | l   |                 |                     |  |
|              |   |                  |                      |                              |                             |                        |   |                 |                     |  |
| Date         | î.  |                  |                      | College Stoff Signature      |                             | Seal and Signature of  |   |                 |                     |  |
|              |   |                  |                      | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|          | PRN:   | Eligi           | ibility Status:      | Examination for<br>095260 |                   | Division/Section:     | Roll No.              | .:                | Dhvani               |  |  |
|----------|--|-----------------|----------------------|---------------------------|-------------------|-----------------------|-----------------------|-------------------|----------------------|--|--|
| :        | 2017016401265393   |                 | Eligible             |                           |                   | С                     | 186                   |                   | Die                  |  |  |
| nstrı    | uction Medium:   | -               |                      |                           |                   | Nationality:          | India                 |                   |                      |  |  |
|          |  |                 |                      | Student's Per             | rsonal Informati  | on                    |                       |                   |                      |  |  |
| Stude    | ent's Name: NAGDA  | A DHVANI NA     | AVIN                 |                           |                   | Mother's Name: MA     | ADHU                  |                   | Gender: Female       |  |  |
| lam      | e in Vernacular Langua                                   | ige:DHVANI      |                      |                           |                   |                       |                       |                   |                      |  |  |
| ddr      | ress: ARUN NIWAS ,RO                                     | OAD NO .3 FI    | LAT NO.14, 3RD F     | LOOR CHEMBUR EA           | AST.              |                       |                       |                   |                      |  |  |
| city:    | MUMBAI, Taluka: Mum                                      | nbai, District: | Mumbai City, Stat    | e: Maharashtra, PIN: 4    | 400071            |                       |                       |                   |                      |  |  |
| eler     | phone no.: 25222350                                      |                 | Mob                  | ile no: 919004673686      | 3                 | Email                 | l : dhvaninagd        | la14@gr           | mail.com             |  |  |
| ОВ       | 3: Sep 19, 1999  | Cat             | tegory: Open         |                           | Physically        | Handicap: No          |                       |                   |                      |  |  |
| revi     | ious Latest Examination                                  | n Details: Ser  | m IV(Regular-Rev1    | 6)                        | Exam Even         | t: Apr-2019           | Seat                  | No: 066           | 68621 (Status: Pass) |  |  |
| xan      | n form appearance type                                   | e: Fresher      |                      |                           |                   |                       |                       |                   |                      |  |  |
| ape      | er Details: Pleas  | se select Pa    | per details which y  | ou want to appear ( U     | A - University A  | Assessment,CA - Col   | lege Assessm          | nent)             |                      |  |  |
| SN       | Paper Code   |                 |                      | Paper Name                |                   |                       |                       |                   | AM - AT              |  |  |
| 1        | 86001  | Operation Re    | esearch              |                           |                   |                       | Th-U <i>F</i>         | 4 [ ] ;Th-        | ·CA[]                |  |  |
| 2        | 86002 I  | International   | Finance              | Т                         |                   |                       |                       | 4 [ ] ;Th-        | ·CA[]                |  |  |
| 3        | 86008 I  | Project Mana    | agement              |                           | Th                |                       |                       |                   | Th-UA [] ;Th-CA []   |  |  |
| 4        | 86011  | Strategic Fin   | ancial Managemer     | nt                        |                   |                       | Th-U <i>F</i>         | Th-UA [];Th-CA [] |                      |  |  |
| 5        | 86017 I  | Indirect Taxe   | ÷s                   |                           |                   |                       |                       |                   | -CA[]                |  |  |
| 6        | UBMSFSVI.5   | Project Work    |                      |                           |                   |                       | Pw-U/                 | A [ ] ;Pw         | /-CA[]               |  |  |
| onv      | vocation Fee   |                 | Exam Form Late       | Fee                       | Exam Form         | Super Late Fee        | Exan                  | mination          | Fees                 |  |  |
|          | Statement Fee  |                 | Total:               |                           |                   | -                     |                       |                   |                      |  |  |
|          |  |                 |                      |                           |                   |                       |                       |                   |                      |  |  |
|          |  | Amount Recei    | ived:                | Cr                        | ollege Receipt    | No. and Date:         |                       |                   |                      |  |  |
| DD N     |  |                 | MICR No:             |                           | DD Date:          |                       | Bank:                 | :                 |                      |  |  |
|          | ter Preference (Code/Na                                  |                 |                      |                           |                   |                       |                       |                   |                      |  |  |
| ∕enu     | ue Preference (Code/Na                                   | ame):           |                      |                           |                   |                       |                       |                   |                      |  |  |
| o, T     | The Controller of Examir                                 | nation,         |                      |                           |                   |                       |                       | Place:            | Vidyavihar           |  |  |
|          | uest permission to prese<br>are that all statement ma    |                 |                      |                           |                   |                       |                       | Date:             |                      |  |  |
|          | e gone through the syllat                                |                 |                      |                           |                   |                       |                       | Date.             |                      |  |  |
|          | est for any special conc                                 |                 |                      |                           |                   |                       |                       |                   |                      |  |  |
|          | r ground. I understand the<br>celled or rejected.        | hat in the eve  | ent of any informati | on being found raise of   | or incorrect, my  | candidature is liable | to be                 |                   |                      |  |  |
| <b>α</b> |  |                 |                      |                           |                   |                       |                       | Stı               | udent's Signature    |  |  |
| )ecla    | aration by Principal/HOI                                 | D/Chairperso    | on                   | _                         |                   |                       |                       |                   |                      |  |  |
|          | form is carefully scrutin                                |                 |                      |                           |                   |                       |                       |                   |                      |  |  |
|          | onsibility of fulfillment/re<br>se/term work (if any) ac |                 |                      | e/she is regular studei   | nt of this Collec | je and has completed  | 1 the required        | attenda           | ance and practical   |  |  |
|          |  |                 |                      |                           |                   |                       |                       |                   |                      |  |  |
| Place    | e:   |                 |                      |                           |                   |                       |                       |                   |                      |  |  |
|          |  |                 |                      | _                         |                   |                       |                       |                   |                      |  |  |
| )ate:    | ı·   |                 |                      |                           |                   |                       |                       |                   |                      |  |  |
|          | •  |                 |                      | College 5                 | Staff Signature   |                       | Seal and Signature of |                   |                      |  |  |
|          |  |                 |                      | College Stall Signature   |                   |                       | Princi                | nal/HŎΓ           | 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.

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

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Examination form No.:



|        | PRN:  | Eligi  | ibility Status:       | Examination<br>09526                           |   | Division/Section:                         | Roll No                      | <b>)</b> .:                | reland                                     |  |  |
|--------|---|--|-----------------------|--|---|---|------------------------------|----------------------------|--|--|--|
| :      | 2017016401265404  | P  | rovisional            |  |   | С   | 155                          |                            | Shonot                                     |  |  |
| nstrı  | uction Medium:  |  |                       |  |   | Nationality:                              | India                        |                            |  |  |  |
|        |   |  |                       | Student's P                                    | Personal Informati                        | on  |                              |                            |  |  |  |
| Stude  | ent's Name: BHANG   | IOT NIDHI NIR                                    | (DOSH                 |  |   | Mother's Name: NI                         | ISHA                         |                            | Gender: Female                             |  |  |
| Nam    | e in Vernacular Langua  | age:निधी भाने                                    | ਾਟ                    |  |   |   |                              |                            |  |  |  |
| Addr   | ess: B/39 Prem Nagar  | Kopri Colony                                     | / Thane East          |  |   |   |                              |                            |  |  |  |
|        | thane, Taluka: Thane,   | , District: Than                                 | ie, State: Maharas    | htra, PIN: 400603                              |   |   |                              |                            |  |  |  |
|        | phone no.:  |  |                       | oile no: 9188284440                            |   | -   | il : nidhibhano              | ot06@gm                    | nail.com                                   |  |  |
|        | 3: Apr 06, 1999   |  | tegory: Open          |  |   | Handicap: No                              |                              |                            |  |  |  |
|        | ious Latest Examinatio  |  | n IV(Regular-Rev      | (6)  | Exam Even                                 | t: Apr-2019                               | Sea                          | t No: 066                  | 68592 (Status: Pass)                       |  |  |
|        | n form appearance typ   |  |                       |  |   |   |                              |                            |  |  |  |
|        | ı   | ase select Par                                   | per details which y   | ou want to appear (                            |   | Ilege Assessr                             |                              |                            |  |  |  |
| SN     | Paper Code  |  | <del></del>           | Paper Na                                       | me  |   |                              |                            | AM - AT                                    |  |  |
| 1      | 86001   | Operation Re                                     |                       |  |   |   | A [ ] ;Th-                   |                            |  |  |  |
| 2      | 86002   | International                                    |                       |  |   |   |                              |                            | -CA[]                                      |  |  |
| 3      | 86008<br>86011  | Project Mana                                     | <u> </u>              |  |   |   |                              |                            | Th-UA[];Th-CA[] Th-UA[];Th-CA[]            |  |  |
| 4      | 86017   | <del>                                     </del> | ancial Managemer      | 1τ   |   |   |                              | A [ ] ; I n-<br>A [ ] ;Th- |  |  |  |
| 5<br>6 | UBMSFSVI.5  | Indirect Taxe                                    |                       |  |   |   |                              |                            |  |  |  |
| _      |   | Project Work                                     |                       |  | ee Exam Form Super Late Fee               |   |                              | JA [];Pw                   |  |  |  |
|        | vocation Fee<br>Statement Fee   |  | Exam Form Late Total: | ree  | Exam Fum                                  | Super Late Fee                            | Exa                          | mination                   | rees                                       |  |  |
| Viain  | Statement 1 ee  |  | 10.01.                |  |   |   |                              |                            |  |  |  |
| Payn   | ment Details:   | Amount Recei                                     | ived:                 |  | College Receipt                           | No. and Date:                             |                              | -                          |  |  |  |
| DD N   | 10:   |  | MICR No:              |  | DD Date:                                  |   | Bank                         | K:                         |  |  |  |
| Cent   | er Preference (Code/N   | lame):   |                       |  |   |   |                              |                            |  |  |  |
| Venu   | ue Preference (Code/N   | lame):   |                       |  |   |   |                              |                            |  |  |  |
| To, T  | The Controller of Exam  | ination,   |                       |  |   |   |                              | Place:                     | Vidyavihar                                 |  |  |
| decla  | uest permission to pres<br>are that all statement me<br>gone through the sylla  | made in this ap                                  | oplication are true,  | complete and corre                             | ect to the best of m                      | ny knowledge and be                       | elief. I                     | Date:                      |  |  |  |
| reque  | est for any special con-  | ncession such                                    | as change in time     | or day fixed for univ                          | versity Examination                       | on etc. on religious or                   | r any                        |                            |  |  |  |
| other  | r ground. I understand  |  |                       |  |   |   |                              |                            |  |  |  |
| Cano   | elled or rejected.  |  |                       |  |   |   |                              | St                         | tudent's Signature                         |  |  |
| Deck   | aration by Principal/HC   | OD/Chairperso                                    | on                    |  |   |   |                              |                            |  |  |  |
| respo  | form is carefully scrutionsibility of fulfillment/r<br>se/term work (if any) ac | rectification of                                 | f the information. H  | / me. The information e/she is regular student | on printed in the fordent of this Collect | orm is correct to the ge and has complete | best of my kned the required | owledge<br>d attenda       | e. I also undertake the ance and practical |  |  |
| Place  | ə:  |  |                       |  |   |   |                              |                            |  |  |  |
| Date   | :   |  |                       | Colleg   | e Staff Signature                         |   |                              |                            | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Examination form No.:



|          | PRN:                                    | Eligi'                                  | ibility Status:                              | 095262  | TINO                        | Division/Section:    | Roll No               | ).:                       | MUSKAN                                |  |
|----------|---|---|--|---|-----------------------------|----------------------|-----------------------|---------------------------|---------------------------------------|--|
| 2        | 2017016401265412                        |   | Eligible                                     |   | II                          | Α                    | 29                    |                           | 1-105/2/114                           |  |
| nstru    | uction Medium:                          |   |  |   |                             | Nationality:         | India                 |                           |                                       |  |
|          |   |   |  | Student's Perso   | nal Informati               | on                   |                       |                           |                                       |  |
| Stude    | ent's Name: KHAN I                      | MUSKAN MO                               | )BIN   |   |                             | Mother's Name: Sh    | HAKILA                |                           | Gender: Female                        |  |
| lame     | e in Vernacular Langua                  | age:MUSKAN                              | 1  |   |                             |                      |                       |                           |                                       |  |
| ddre     | ess: C-109 sagar apart                  | tments near c                           | ity hospital f.p.p ro                        | ad kurla (w)  |                             |                      |                       |                           |                                       |  |
| ity:     | Mumbai, Taluka: Kurla                   | a, District: Mur                        | mbai Suburban, St                            | tate: Maharashtra, PIN: 4                                 | 400070                      |                      |                       |                           |                                       |  |
| elep     | phone no.: 25034510                     |   | Mob  | pile no: 919757133058                                     |                             | Emai                 | il : mosink440        | @gmail                    | .com                                  |  |
|          | : Dec 04, 1999                          |   | tegory: Open                                 |   | Physically                  | Handicap: No         |                       |                           |                                       |  |
|          | ious Latest Examination                 |   | m IV(Regular-Rev1                            | (6)   | Exam Even                   | t: Apr-2019          | Sea                   | t No: 066                 | 68676 (Status: Pass)                  |  |
|          | n form appearance type                  |   |  |   |                             |                      |                       |                           |                                       |  |
| ape      | er Details: Plea                        | ase select Pa                           | per details which y                          | ou want to appear ( UA -                                  | - University A              | ssessment,CA - Col   | llege Assessr         | nent)                     |                                       |  |
| SN       | Paper Code                              | <u> </u>                                |  | Paper Name  |                             |                      |                       | AM - AT                   |                                       |  |
| 1        | 86001                                   | Operation Re                            | esearch                                      |   |                             | Th-U                 | A [ ] ;Th-            | -CA[]                     |                                       |  |
| 2        | 86003                                   | Brand Manag                             | gement                                       |   |                             | Th-U                 | A [ ] ;Th-            | -CA[]                     |                                       |  |
| 3        | 86006                                   | Retail Manag                            | jement                                       |   |                             | Th-U                 | Th-UA [];Th-CA []     |                           |                                       |  |
| 4        | 86009                                   | International                           | Marketing                                    |   |                             |                      |                       | A [ ] ;Th-                |                                       |  |
| 5        | 86012                                   | Media Planni                            | ing and Manageme                             | ent   |                             |                      | Th-U                  | A [ ] ;Th-                | -CA[]                                 |  |
| 6        | UBMSFSVI.5                              | Project Work                            | <u>:                                    </u> |   |                             |                      | Pw-U                  | JA [ ] ;Pw                | v-CA []                               |  |
| Conv     | ocation Fee                             |   | Exam Form Late I                             | Fee   | ee Exam Form Super Late Fee |                      |                       | mination                  | Fees                                  |  |
| /lark    | Statement Fee                           |   | Total:                                       |   |                             |                      |                       |                           |                                       |  |
| <b>.</b> | 1 D - 1 - 11 - 11 - 11 - 11 - 11 - 11 - | 1 · · · · · · · · · · · · · · · · · · · | •  | 0-11  | Daniet                      | N                    |                       |                           | 1                                     |  |
|          |   | Amount Recei                            |  |   |                             | No. and Date:        | David                 |                           |                                       |  |
| DD N     |   | I \                                     | MICR No:                                     |   | DD Date:                    |                      | Bank                  | С                         |                                       |  |
|          | er Preference (Code/Na                  |   |  |   |                             |                      |                       |                           |                                       |  |
|          | ue Preference (Code/Na                  |   |  |   |                             |                      |                       |                           |                                       |  |
|          | The Controller of Exami                 |   | · Oring aver                                 | -1 ti I le nue vomitte d                                  | Usa magazib.                | - 1 for for the come | Uhamala, ,            | Place:                    | Vidyavihar                            |  |
|          |   |   |  | nination. I have remitted complete and correct to         |                             |                      |                       | Date:                     |                                       |  |
| ave      | gone through the sylla                  | abus and the li                         | list of books prescri                        | ibed for the examination                                  | n for which I a             | m appearing. I shall | not                   |                           |                                       |  |
|          |   |   |  | or day fixed for university<br>ion being found false or i |                             |                      |                       |                           |                                       |  |
|          | elled or rejected.                      |   | , , , , , , , , , , , , , , , , , , ,        | 011 bog .ou   | , ,                         |                      | , 10 20               |                           |                                       |  |
|          |   |   |  |   |                             |                      |                       | 5ા                        | tudent's Signature                    |  |
|          | aration by Principal/HO                 |   |  | T   |                             | ·                    |                       | L. d                      | e e e e e e e e e e e e e e e e e e e |  |
|          |   |   |  | y me. The information pri<br>le/she is regular student    |                             |                      |                       |                           |                                       |  |
|          | se/term work (if any) ac                |   |  | siono io rogalar otaco                                    | 01 1110 0005                | jo dila nao complete | u tho roquilos        | <i>a</i> anon-a-          | and dra practical                     |  |
|          |   |   |  | <del></del>   |                             |                      |                       |                           |                                       |  |
| Place    | <b>э</b> :                              |   |  |   |                             |                      | I                     |                           |                                       |  |
|          |   |   |  | _   |                             |                      | I                     |                           |                                       |  |
| Date:    | :                                       |   |  |   |                             |                      |                       |                           |                                       |  |
|          |   |   |  | College Staff Signature                                   |                             |                      | Seal and Signature of |                           |                                       |  |
|          |   |   |  |   |                             |                      | Princ                 | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|   | PRN:                   | Eligi           | bility Status:          | Examination form<br>095263                            | n No.:   | Division/Section: | Roll No                   | ı.:                 | Kavan A. Tame        |  |
|---|------------------------|-----------------|-------------------------|---|--|-------------------|---------------------------|---------------------|----------------------|--|
|   | 2017016401265427       |                 | Eligible                |   |  | Α                 | 58                        |                     | Ravan A. Jame        |  |
| Instru  | uction Medium:         |                 |                         |   |  | Nationality:      | India                     |                     |                      |  |
|   |                        |                 |                         | Student's Perso                                       | onal Informati   | on                |                           |                     |                      |  |
| Stud  | ent's Name: TANNA      | A KARAN AN      | AND                     |   |  | Mother's Name: M  | AMTA                      | (                   | Gender: Male         |  |
| Nam   | e in Vernacular Langua | age:તન્ના કારણ  | ા આનંદ                  |   |  |                   |                           |                     |                      |  |
| Addr  | ess: A 301, LOTUS HI   | LL VIEW CHS     | S LTD MODEL TO          | WN, B.R. ROAD MULU                                    | ND WEST  |                   |                           |                     |                      |  |
| City:   | MUMBAI, Taluka: Mur    | nbai, District: | Mumbai City, State      | e: Maharashtra, PIN: 40                               | 0800   |                   |                           |                     |                      |  |
| Tele  | ohone no.: 21649087    |                 | Mob                     | ile no: 919769733225                                  |  | Ema               | il : karantanna           | 197@gm              | ail.com              |  |
| DOB   | : Apr 22, 1999         | Cat             | egory: Open             |   | Physically   | Handicap: No      |                           |                     |                      |  |
| Prev  | ious Latest Examinatio | n Details: Sei  | m IV(Regular-Rev1       | 16)   | Exam Even  | t: Apr-2019       | Seat                      | t No: 066           | 68706 (Status: Pass) |  |
| Exan  | n form appearance type | e: Fresher      |                         |   |  |                   |                           |                     |                      |  |
| Pape  | er Details: Plea       | ase select Pa   | per details which y     | ou want to appear ( UA                                | vant to appear ( UA - University Assessment, CA - College Assessment ) |                   |                           |                     |                      |  |
| SN  | Paper Code             |                 |                         | Paper Name  |  |                   |                           | AM - AT             |                      |  |
| 1   | 86001                  | Operation Re    | esearch                 | Т   |  |                   |                           | A [ ] ;Th-          | CA[]                 |  |
| 2   | 86003                  | Brand Manag     | gement                  |   |  | Th-U              | A [ ] ;Th-                | CA[]                |                      |  |
| 3   | 86006                  | Retail Manag    | jement                  |   |  | Th-U/             | Th-UA [] ;Th-CA []        |                     |                      |  |
| 4   | 86009                  | International   | Marketing               |   |  |                   | Th-U/                     | A [ ] ;Th-          | CA[]                 |  |
| 5   | 86012                  | Media Plann     | ing and Manageme        | ent   |  |                   | Th-U/                     | A [ ] ;Th-          | CA[]                 |  |
| 6   | UBMSFSVI.5             | Project Work    |                         |   |  |                   | Pw-U                      | A [ ] ;Pw           | /-CA[]               |  |
| Conv  | ocation Fee            |                 | Exam Form Late          | Fee   | Exam Form  | Super Late Fee    | Exar                      | mination            | Fees                 |  |
| Mark  | Statement Fee          |                 | Total:                  |   |  |                   |                           |                     |                      |  |
| Payn  | nent Details:          | Amount Rece     | ived:                   | Col   | College Receipt No. and Date:  |                   |                           |                     |                      |  |
| DD N  | lo:                    |                 | MICR No:                | '   | DD Date:   |                   | Bank                      | ζ:                  |                      |  |
| Cent  | er Preference (Code/N  | lame):          |                         |   |  |                   | <u> </u>                  |                     |                      |  |
| Venu  | ie Preference (Code/N  | ame):           |                         |   |  |                   |                           |                     |                      |  |
| To, T   | he Controller of Exam  | ination,        |                         |   |  |                   |                           | Place:              | Vidyavihar           |  |
|   |                        |                 |                         | nination. I have remitted<br>complete and correct to  |  |                   |                           | Date:               |                      |  |
|   |                        |                 |                         | ibed for the examination                              |  |                   |                           |                     |                      |  |
|   |                        |                 |                         | or day fixed for universi<br>ion being found false or |  |                   |                           |                     |                      |  |
|   | elled or rejected.     |                 | •                       | Ū   |  |                   |                           |                     | udent's Signature    |  |
| Dool  | aration by Dringing/UC | \D/Chairmara    | <u> </u>                |   |  |                   |                           | Si                  | udent'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 underta |                        |                 |                         |   |  |                   |                           | Lalaa undartaka tha |                      |  |
| resp  |                        | ectification of | the information. H      | e/she is regular student                              |  |                   |                           |                     |                      |  |
| Place   | <b>ə</b> :             |                 |                         |   |  |                   |                           |                     |                      |  |
| Date  | :                      |                 | College Staff Signature |   | Seal a   | and Sigr          | nature 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.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status:   |   |                 |                      | Examination for<br>095264 | m No.:                     | Division/Section:   | Roll N         | o.:                | Ottown               |  |  |
|----------------------------|---|-----------------|----------------------|---------------------------|----------------------------|---------------------|----------------|--------------------|----------------------|--|--|
| 2                          | 2017016401265443  |                 | Eligible             |                           | IIII                       | В                   | 103            |                    | State                |  |  |
| nstru                      | uction Medium:  | •               |                      |                           |                            | Nationality:        | India          |                    |                      |  |  |
|                            |   |                 |                      | Student's Pers            | onal Informati             | on                  |                |                    |                      |  |  |
| Stude                      | ent's Name: MAURY   | 'A PALLAVI      | RAMDHIRAJ            |                           |                            | Mother's Name:      | KAUSHALYA I    | DEVI (             | Gender: Female       |  |  |
| Nam                        | e in Vernacular Langua  | ge:मौर्य पल्ल   | वी रांधिराज          |                           |                            |                     |                |                    |                      |  |  |
| Addr                       | ess: INDIRA NAGAR N   | EAR HANU        | MAN MANDIR DR        | C G ROAD CHEMBUR          | R COLONY M                 | JMBAI               |                |                    |                      |  |  |
| City:                      | MUMBAI, Taluka: Kurla   | a, District: Mi | umbai Suburban, S    | State: Maharashtra, PIN   | I: 400074                  |                     |                |                    |                      |  |  |
|                            | ohone no.:  |                 |                      | ile no: 918108496061      | 1                          |                     | ail : mauryapa | llavi24@           | gmail.com            |  |  |
|                            | : May 21, 1999  |                 | tegory: Open         |                           | <del>, , , , ,</del>       | Handicap: No        |                |                    |                      |  |  |
|                            | ious Latest Examination   |                 | m IV(Regular-Rev1    | 16)                       | Exam Even                  | t: Apr-2019         | Sea            | at No: 066         | 68739 (Status: Pass) |  |  |
|                            | n form appearance type  |                 |                      |                           |                            |                     |                |                    |                      |  |  |
|                            | er Details: Pleas   | se select Pa    | per details which y  | ou want to appear ( UA    | A - University A           | Assessment,CA - (   | College Assess | ssessment)         |                      |  |  |
| SN                         | Paper Code  |                 |                      | Paper Name                | •                          |                     |                |                    | AM - AT              |  |  |
| 1 86001 Operation Research |   |                 |                      |                           |                            | Th-U                | JA [ ] ;Th-    | CA[]               |                      |  |  |
| 2                          |   |                 | oal Perspective      |                           |                            |                     |                | JA [ ] ;Th-        |                      |  |  |
| 3                          |   |                 | vice Sector Manage   |                           |                            |                     |                | Th-UA [] ;Th-CA [] |                      |  |  |
| 4                          |   |                 | ource Accounting a   | nd Audit                  |                            |                     |                | JA [ ] ;Th-        |                      |  |  |
| 5                          |   |                 | in Management        |                           |                            |                     |                | JA [ ] ;Th-        |                      |  |  |
| 6                          |   | Project Work    |                      |                           |                            |                     |                | JA [];Pw           |                      |  |  |
|                            | rocation Fee  |                 | Exam Form Late       | Fee                       | e Exam Form Super Late Fee |                     |                | amination          | Fees                 |  |  |
| Mark                       | Statement Fee   |                 | Total:               |                           |                            |                     |                |                    |                      |  |  |
| Pavn                       | nent Details: A   | mount Rece      | ived:                | Co                        | llege Receipt              | No. and Date:       |                |                    |                      |  |  |
| DD N                       |   |                 | MICR No:             | l .                       | DD Date:                   |                     | Ban            | k:                 |                      |  |  |
| Cent                       | er Preference (Code/Na  | ame):           | 1                    |                           | 1                          |                     |                |                    |                      |  |  |
| √enu                       | ie Preference (Code/Na  | ime):           |                      |                           |                            |                     |                |                    |                      |  |  |
| Γο, Τ                      | he Controller of Examir   | nation,         |                      |                           |                            |                     |                | Place:             | Vidyavihar           |  |  |
| decla                      | uest permission to prese<br>are that all statement ma<br>gone through the syllat        | ade in this ap  | pplication are true, | complete and correct t    | o the best of n            | ny knowledge and    | belief. I      | Date:              | ·                    |  |  |
| eque<br>other              | est for any special conce<br>ground. I understand the                                   | ession such     | as change in time    | or day fixed for univers  | ity Examination            | n etc. on religious | or any         |                    |                      |  |  |
| canc                       | ncelled or rejected.  Student's Signature   |                 |                      |                           |                            |                     |                |                    |                      |  |  |
| Decla                      | aration by Principal/HOI  | D/Chairperso    | on                   |                           |                            |                     |                |                    |                      |  |  |
| respo                      | form is carefully scrutini<br>onsibility of fulfillment/re<br>se/term work (if any) acc | ectification of | f the information. H |                           |                            |                     |                |                    |                      |  |  |
| Place                      | e:  |                 |                      |                           |                            |                     |                |                    |                      |  |  |
| )ate                       |   |                 |                      |                           |                            |                     |                |                    |                      |  |  |



### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of Principal/HOD/Chairperson



|       | PRN:  | Eligibility Status:   | Examination form<br>095265 |                       | Division/Section:      | Roll No.     | .:        | Jami 8               |  |  |
|-------|---|---|----------------------------|-----------------------|------------------------|--------------|-----------|----------------------|--|--|
|       | 2017016401265451                                  | Eligible  |                            |                       | В                      | 122          |           | Same                 |  |  |
| Instr | uction Medium:                                    |   |                            |                       | Nationality:           | India        |           |                      |  |  |
|       |   |   | Student's Perso            | nal Informati         | on                     |              |           |                      |  |  |
| Stud  | ent's Name: SHAH M                                | OHAMMED SAMEER MOHD   | ZAFAR                      |                       | Mother's Name: SH      | IAHEDA       | C         | Gender: Male         |  |  |
| Nam   | e in Vernacular Languaç                           | je:शाह मुहम्मद समीर मुहम्मद   | जफ़र                       |                       |                        |              |           |                      |  |  |
| Addı  | ress: plot no 17 room no                          | 1122 lotus colony   |                            |                       |                        |              |           |                      |  |  |
| City: | Mumbai, Taluka: Kurla,                            | District: Mumbai Suburban, S  | tate: Maharashtra, PIN:    | 400043                |                        |              |           |                      |  |  |
| Tele  | phone no.:  | Mol   | oile no: 919702973217      |                       | Email                  | : shahsamir9 | 81@gm     | ail.com              |  |  |
| DOE   | 3: Nov 04, 1999                                   | Category: Open  |                            | Physically            | Handicap: No           |              |           |                      |  |  |
| Prev  | ious Latest Examination                           | Details: Sem IV(Regular-Rev   | 16)                        | Exam Even             | t: Apr-2019            | Seat         | No: 066   | 88754 (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    | ege Assessm  | nent)     |                      |  |  |
| SN    | Paper Code  |   | Paper Name                 |                       |                        |              |           | AM - AT              |  |  |
| 1     | 86001   | Operation Research  |                            |                       |                        | Th-UA        | ۲ [] ;Th- | CA[]                 |  |  |
| 2     | 86004 H   | IRM in Global Perspective   |                            |                       |                        | Th-UA        | ۲ [];Th-۱ | CA[]                 |  |  |
| 3     | 86010 H   | IRM in Service Sector Manage  | ement                      | ent Th-UA [];Th-CA [] |                        |              |           |                      |  |  |
| 4     | 86016 H   | Human Resource Accounting a   | and Audit                  |                       |                        | Th-UA        | ۲ [];Th-  | CA[]                 |  |  |
| 5     | 86019 II  | ndian Ethos in Management   |                            |                       |                        | Th-UA        | ۲ [] ;Th- | CA[]                 |  |  |
| 6     | UBMSFSVI.5 F                                      | Project Work  |                            |                       |                        | Pw-U         | A [ ] ;Pw | -CA[]                |  |  |
| Con   | vocation Fee                                      | Exam Form Late  | Fee                        | Exam Form             | Super Late Fee         | Exan         | nination  | Fees                 |  |  |
| Mark  | Statement Fee                                     | Total:  |                            |                       |                        |              |           |                      |  |  |
|       |   |   | Ta                         |                       |                        |              |           |                      |  |  |
|       |   | mount Received:   | · -                        |                       | No. and Date:          |              |           |                      |  |  |
| DD I  |   | MICR No:  |                            | DD Date:              |                        | Bank:        |           |                      |  |  |
|       | ter Preference (Code/Na                           |   |                            |                       |                        |              |           |                      |  |  |
|       | ue Preference (Code/Na                            | ,   |                            |                       |                        |              |           |                      |  |  |
|       | The Controller of Examin                          |   |                            |                       |                        |              | Place:    | Vidyavihar           |  |  |
| decla | are that all statement ma                         | ent myself for the ensuing exam<br>de in this application are true,<br>ous and the list of books presco | complete and correct to    | the best of n         | ny knowledge and be    | lief. I      | Date:     |                      |  |  |
| requ  | est for any special conce                         | ession such as change in time   | or day fixed for universit | y Examination         | n etc. on religious or | any          |           |                      |  |  |
|       | r ground. I understand the<br>celled or rejected. | at in the event of any informat   | ion being found false or   | incorrect, my         | candidature is liable  | to be        |           |                      |  |  |
|       | Student's Signature                               |   |                            |                       |                        |              |           |                      |  |  |
|       | aration by Principal/HOD                          |   |                            |                       |                        |              |           |                      |  |  |
| resp  | onsibility of fulfillment/re                      | zed by the College staff and b<br>ctification of the information. H<br>cording to university rules.     |                            |                       |                        |              |           |                      |  |  |
| Plac  | e:  |   |                            |                       |                        |              |           |                      |  |  |
| Date  | ate:  |   |                            |                       |                        |              |           |                      |  |  |



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

Application Form for Examination of Summer Session 2020 event.

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

ed 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:  | Eligi            | bility Status:        | Examination 09526                             |                             | Division/Section:         | Roll No        | .:                 | 0                    |  |
|-------|---|------------------|-----------------------|---|-----------------------------|---------------------------|----------------|--------------------|----------------------|--|
|       | 2017016401265466  |                  | Eligible              |   |                             | Α                         | 38             |                    | C John               |  |
| Instr | uction Medium:  |                  |                       |   |                             | Nationality:              | India          |                    |                      |  |
|       |   |                  |                       | Student's P                                   | ersonal Informati           |                           |                |                    |                      |  |
| Stud  | ent's Name: <b>MEHT</b>                                 | A PURVI HEN      | MANT                  |   |                             | Mother's Name: SI         | HARMILA        | (                  | Gender: Female       |  |
| Nam   | e in Vernacular Langu                                   | age:मेहता पूर्वी | ं हेमंत               |   |                             |                           |                |                    |                      |  |
| Addr  | ess: ROOM N O 801 T                                     | TANISHQ HEI      | GHTS OGHADBH          | AI LANE GHATKOF                               | PAR EAST                    |                           |                |                    |                      |  |
| City: | MUMBAI, Taluka: Kur                                     | la, District: Mi | umbai Suburban, S     | tate: Maharashtra, I                          | PIN: 400077                 |                           |                |                    |                      |  |
| Tele  | ohone no.:  |                  | Mot                   | ile no: 9198194573                            | 21                          | Emai                      | l : purvimehta | 2000@r             | edifmail.com         |  |
| DOB   | : Jan 25, 2000  | Ca               | tegory: Open          |   | Physically                  | Handicap: No              |                |                    |                      |  |
| Prev  | ious Latest Examination                                 | n Details: Se    | m IV(Regular-Rev      | 16)   | Exam Even                   | t: Apr-2019               | Seat           | t No: 066          | 68686 (Status: Pass) |  |
| Exar  | n form appearance typ                                   | e: Fresher       |                       |   |                             |                           |                |                    |                      |  |
| Pape  | er Details: Ple   | ase select Pa    | per details which y   | ou want to appear (                           | UA - University A           | Assessment,CA - Co        | llege Assessn  | sessment)          |                      |  |
| SN    | Paper Code  |                  |                       | Paper Na                                      | me                          |                           |                | AM - AT            |                      |  |
| 1     | 86001   | Operation Re     | esearch               |   |                             |                           | Th-U           | A [ ] ;Th-         | CA[]                 |  |
| 2     | 86003   | Brand Mana       | gement                | Т   |                             |                           |                | A [ ] ;Th-         | CA[]                 |  |
| 3     | 86006   | Retail Manag     | gement                |   |                             |                           | Th-U           | Th-UA [];Th-CA []  |                      |  |
| 4     | 86009   | International    | Marketing             |   |                             |                           | Th-U           | Th-UA [] ;Th-CA [] |                      |  |
| 5     | 86012   | Media Plann      | ing and Managem       | ent   | t                           |                           |                | A [ ] ;Th-         | CA[]                 |  |
| 6     | UBMSFSVI.5  | Project Work     | (                     |   |                             |                           |                | A [ ] ;Pw          | r-CA []              |  |
| Conv  | ocation Fee   |                  | Exam Form Late        | Fee   | ee Exam Form Super Late Fee |                           |                | mination           | Fees                 |  |
| Mark  | Statement Fee   |                  | Total:                |   |                             |                           |                |                    |                      |  |
| Pavr  | nent Details:   | Amount Rece      | ived <sup>.</sup>     |   | College Receipt             | No. and Date:             |                |                    |                      |  |
| DD N  |   |                  | MICR No:              |   | DD Date:                    |                           | Bank           | :                  |                      |  |
|       | er Preference (Code/N                                   | lame):           |                       |   |                             |                           |                |                    |                      |  |
|       | ie Preference (Code/N                                   |                  |                       |   |                             |                           |                |                    |                      |  |
| To, 1 | he Controller of Exam                                   | ination,         |                       |   |                             |                           |                | Place:             | Vidyavihar           |  |
|       | uest permission to pre-                                 |                  |                       |   |                             |                           |                | D                  | ·                    |  |
|       | are that all statement n<br>gone through the sylla      |                  |                       |   |                             |                           |                | Date:              |                      |  |
| requ  | est for any special con                                 | cession such     | as change in time     | or day fixed for univ                         | ersity Examination          | n etc. on religious o     | any            |                    |                      |  |
|       | ground. I understand 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 | elled of rejected.                                      |                  |                       |   |                             |                           |                | St                 | udent's Signature    |  |
| Decl  | Declaration by Principal/HOD/Chairperson                |                  |                       |   |                             |                           |                |                    |                      |  |
|       | form is carefully scruti<br>onsibility of fulfillment/i |                  |                       |   |                             |                           |                |                    |                      |  |
| cour  | se/term work (if any) a                                 | ccording to ur   | niversity rules.      | -   |                             | •                         |                |                    | ·                    |  |
| Place | e:  |                  |                       |   |                             |                           |                |                    |                      |  |
|       | -   |                  |                       | _   |                             |                           |                |                    |                      |  |
| Date  | :   |                  |                       |   |                             |                           |                |                    |                      |  |
| Dutc. |   |                  |                       | College Staff Signature Seal and Signature of |                             |                           |                |                    |                      |  |
|       |   |                  | Somege Stam 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.

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

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Examination form No.:

'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



| PRN: Eligibility Status:   |   |                 |                       | 095267   | TINO   | Division/Section:      | Roll No.          | ).:        | Air          |  |
|--|---|-----------------|-----------------------|--|--|------------------------|-------------------|------------|--------------|--|
| 2  | 2017016401265474                                      |                 | Eligible              |  | <b>∤</b> III   | С                      | 191               |            | 46           |  |
| nstru  | uction Medium:  |                 |                       |  |  | Nationality:           | India             |            |              |  |
|  |   |                 |                       | Student's Perso  | onal Informati                                       | ion                    |                   |            |              |  |
| Stude  | ent's Name: AJAY M                                    | MOTILAL OZA     | A                     |  |  | Mother's Name: IN      | IDRADEVI          | (          | Gender: Male |  |
| lame   | e in Vernacular Langua                                | ige:AJAY        |                       |  |  |                        |                   |            |              |  |
| ddre   | ess: 3/54,madanlal boh                                | ıra market ne   | ar niramay hospita    | ıl,ichalkaranji  |  |                        |                   |            |              |  |
| City:  | ICHALKARANJI, Taluk                                   | a: Hatkanan     | gale, District: Kolha | apur, State: Maharashtra   | a, PIN: 4161   | 15                     |                   |            |              |  |
| elep   | phone no.: 2421110                                    |                 | Mob                   | oile no: 918380815476  |  | Ema                    | il : ajayoza74@   | @gmail.c   | com          |  |
| ОВ   | 3: Dec 23, 1999                                       | Cat             | tegory: Open          |  | Physically   | y Handicap: No         |                   |            |              |  |
| revi   | ious Latest Examination                               | n Details: Ser  | m IV(Regular-Rev1     | 16)  | Exam Event: Apr-2019 Seat No: 0668625 (Status: Pass) |                        |                   |            |              |  |
| xan  | n 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 Assessn     | nent)      |              |  |
| SN   | Paper Code  |                 |                       | Paper Name   |  |                        |                   |            | AM - AT      |  |
| 1  | 86001   | Operation Re    | esearch               |  |  |                        | Th-U/             | A [ ] ;Th- | ·CA[]        |  |
| 2  | 86002 I   | International   | Finance               |  |  |                        | Th-U/             | A [ ] ;Th- | ·CA[]        |  |
| 3  | 86008 I   | Project Mana    | agement               |  |  |                        | Th-U/             | A [ ] ;Th- | ·CA[]        |  |
| 4  | 86011   | Strategic Fin   | nancial Managemer     | nt   |  |                        | Th-U/             | A [ ] ;Th- | ·CA[]        |  |
| 5  | 86017 I   | Indirect Taxe   | ∋s                    |  |  |                        | Th-U/             | A [ ] ;Th- | ·CA[]        |  |
| 6  | UBMSFSVI.5  | Project Work    | ζ                     |  |  |                        | Pw-U              | JA [ ] ;Pw | /-CA [ ]     |  |
| Conv   | vocation Fee  |                 | Exam Form Late I      | Fee  | e Exam Form Super Late Fee Exam                      |                        |                   | mination   | Fees         |  |
| /lark  | Statement Fee   |                 | Total:                |  |  |                        |                   |            |              |  |
|  |   |                 |                       |  |  |                        |                   |            |              |  |
| <u> </u>   |   | Amount Recei    |                       | <u> </u>   |  | : No. and Date:        | <del></del>       |            |              |  |
| DD N   |   |                 | MICR No:              |  | DD Date:   |                        | Bank              | Ε:         |              |  |
|  | ter Preference (Code/Na                               |                 |                       |  |  |                        |                   |            |              |  |
|  | ue Preference (Code/Na                                |                 |                       |  |  |                        |                   |            |              |  |
| -  | The Controller of Examir                              | •               |                       |  |  |                        | !                 | Place:     | Vidyavihar   |  |
| lecla  | are that all statement ma                             | ade in this ap  | pplication are true,  | nination. I have remitted<br>complete and correct to<br>ibed for the examination | the best of m  | my knowledge and be    | elief. I          | Date:      |              |  |
| eque<br>ther   | est for any special conc<br>r ground. I understand th | cession such    | as change in time     | or day fixed for universit<br>ion being found false or                           | ity Examinatio                                       | on etc. on religious o | r any             |            |              |  |
| l control de la control de la control de la control de la control de la control de la control de la control de |   |                 |                       |  |  |                        | udent's Signature |            |              |  |
|  | aration by Principal/HOI                              | =               |                       |  |  |                        |                   |            |              |  |
| espo   |   | ectification of | f the information. He | y me. The information pr<br>le/she is regular student                            |  |                        |                   |            |              |  |
| Place  | ə:<br>  |                 |                       |  |  |                        |                   |            |              |  |
| )ate   | ··  |                 |                       |  |  | l                      |                   |            |              |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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|                     | PRN:  | EI            | igibility Status:     | Examination 6           |                    | Division/Section:     | Roll No        | ı.:               | active.                    |  |
|---------------------|---|---------------|-----------------------|-------------------------|--------------------|-----------------------|----------------|-------------------|----------------------------|--|
|                     | 2017016401265497  |               | Eligible              |                         |                    | С                     | 206            |                   | A                          |  |
| nstr                | uction Medium:  | •             |                       |                         |                    | Nationality:          | India          |                   |                            |  |
|                     |   |               |                       | Student's P             | ersonal Informati  | on                    |                |                   |                            |  |
| Stud                | ent's Name: SHAH  | SAKSHI JI     | TENKUMAR              |                         |                    | Mother's Name: LA     | λTA            | (                 | Gender: Female             |  |
| Nam                 | e in Vernacular Langua  | age:SAKSH     | II                    |                         |                    |                       |                |                   |                            |  |
| Addr                | ess: D-503 SHRINATH   | IDHAM CH      | S LBS MARG BHAN       | DUP (W)                 |                    |                       |                |                   |                            |  |
| City:               | MUMBAI, Taluka: Mun   | nbai, Distric | ct: Mumbai City, Stat | e: Maharashtra, PIN     | : 400078           |                       |                |                   |                            |  |
| Γele                | ohone no.:  |               | Mot                   | ile no: 9181491090      | 52                 | Emai                  | l : sakshis99@ | ②yahoo.           | co.in                      |  |
| ООВ                 | : Nov 18, 1999  | C             | Category: Open        |                         | Physically         | Handicap: No          |                |                   |                            |  |
| Prev                | ious Latest Examinatio  | n Details: S  | Sem IV(Regular-Rev    | 16)                     | Exam Even          | t: Apr-2019           | Sea            | t No: 066         | 68636 (Status: Pass)       |  |
| Exar                | n form appearance type  | e: Fresher    |                       |                         |                    |                       |                |                   |                            |  |
| Pape                | er Details: Plea  | se select F   | Paper details which y | ou want to appear (     | UA - University A  | Assessment,CA - Col   | lege Assessr   | nent)             |                            |  |
| SN                  | Paper Code  |               |                       | Paper Name              |                    |                       |                |                   | AM - AT                    |  |
| 1                   | 86001   | Operation     | Research              |                         | Т                  |                       |                | A [ ] ;Th-        | CA[]                       |  |
| 2                   | 86002   | Internation   | al Finance            |                         |                    |                       | Th-U           | A [ ] ;Th-        | CA[]                       |  |
| 3                   | 86008   | Project Ma    | nagement              |                         |                    |                       |                | A [ ] ;Th-        | CA[]                       |  |
| 4                   | 86011   | Strategic F   | inancial Manageme     |                         |                    |                       | Th-U           | Th-UA [];Th-CA [] |                            |  |
| 5                   | 86017   | Indirect Ta   | xes                   |                         |                    |                       |                | Th-UA [];Th-CA [] |                            |  |
| 6                   | UBMSFSVI.5  | Project Wo    | ork                   |                         |                    |                       |                | A [ ] ;Pw         | /-CA[]                     |  |
| Conv                | ocation Fee   |               | Exam Form Late        | Fee                     | Exam Form          | Super Late Fee        | Exa            | mination          | Fees                       |  |
| Mark                | Statement Fee   |               | Total:                |                         |                    |                       |                |                   |                            |  |
|                     |   |               |                       |                         |                    |                       |                |                   |                            |  |
|                     |   | Amount Red    |                       |                         | College Receipt    | No. and Date:         | - Is .         |                   |                            |  |
| N DC                |   |               | MICR No:              |                         | DD Date:           |                       | Bank           | (:                |                            |  |
|                     | er Preference (Code/N   |               |                       |                         |                    |                       |                |                   |                            |  |
|                     | ie Preference (Code/N   |               |                       |                         |                    |                       |                |                   |                            |  |
|                     | he Controller of Exami  |               |                       |                         |                    | 16 6 11               |                | Place:            | Vidyavihar                 |  |
|                     | uest permission to pres<br>are that all statement m   |               |                       |                         |                    |                       |                | Date:             |                            |  |
|                     | gone through the sylla  |               |                       |                         |                    |                       |                |                   |                            |  |
| equ                 | est for any special cond<br>ground. I understand t  | that in the e | event of any informat | on being found false    | e or incorrect, my | candidature is liable | to be          |                   |                            |  |
|                     | elled or rejected.  |               | ,                     | ŭ                       | . ,                |                       |                |                   | da.ada Cianadaa            |  |
| Student's Signature |   |               |                       |                         |                    |                       |                | udent's Signature |                            |  |
|                     | 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 |               |                       |                         |                    |                       |                |                   |                            |  |
|                     | torm is carefully scrutir<br>onsibility of fulfillment/r  |               |                       |                         |                    |                       |                |                   |                            |  |
|                     | se/term work (if any) ac  |               |                       | <b>3</b> ,              |                    | ,                     | - 1-           |                   | ,                          |  |
|                     |   |               |                       |                         |                    |                       |                |                   |                            |  |
| Place               | e:  |               |                       |                         |                    |                       |                |                   |                            |  |
|                     |   |               |                       |                         |                    |                       |                |                   |                            |  |
| Date                | :   |               |                       |                         |                    |                       |                |                   | _                          |  |
|                     |   |               |                       | College Staff Signature |                    |                       |                |                   | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

Examination form No.:

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|        | PRN:  | Eligi            | ibility Status:          | Examination forr<br>095269                            | n No.:                      | Division/Section:        | Roll No                   | ).:                | a an                 |  |
|--------|---|------------------|--------------------------|---|-----------------------------|--------------------------|---------------------------|--------------------|----------------------|--|
| ;      | 2017016401265501  | Р                | rovisional               |   |                             | А                        | 52                        |                    | Param                |  |
| Instru | uction Medium:  | •                |                          |   |                             | Nationality:             | India                     |                    |                      |  |
|        |   |                  |                          | Student's Pers  | onal Informati              | ion                      |                           |                    |                      |  |
| Stud   | ent's Name: SHAH  | PARAM DIV        | /ESH                     |   |                             | Mother's Name: A         | LPA                       | (                  | Gender: Male         |  |
| Nam    | e in Vernacular Langua  | age:शाह परम      | दिव्येश                  |   |                             |                          |                           |                    |                      |  |
| Addr   | ess: B/ 15 kakad niketa   | an derasar lar   | ne ghatkopar(east)       |   |                             |                          |                           |                    |                      |  |
| City:  | mumbai, Taluka: Kurla   | a, District: Mu  | mbai Suburban, St        | ate: Maharashtra, PIN:                                | 400077                      |                          |                           |                    |                      |  |
| Tele   | ohone no.:  |                  |                          | ile no: 917506787856                                  |                             | Ema                      | il : paramdsha            | h10199             | 9@gmail.com          |  |
| DOB    | : Oct 08, 1999  | Ca               | tegory: Open             |   | Physically                  | Handicap: No             |                           |                    |                      |  |
| Prev   | ious Latest Examinatio  | n Details: Se    | m IV(Regular-Rev1        | 16)   | Exam Even                   | nt: Apr-2019             | Sea                       | t No: 066          | 68700 (Status: Pass) |  |
|        | 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 Assessr             | sessment)          |                      |  |
| SN     | Paper Code  |                  |                          | Paper Name  |                             |                          |                           | AM - AT            |                      |  |
| 1      | 86001   | Operation Re     | esearch                  |   |                             |                          |                           | A [ ] ;Th-         | CA[]                 |  |
| 2      | 86003   | Brand Manag      | gement                   |   |                             |                          |                           | A [ ] ;Th-         | CA[]                 |  |
| 3      | 86006   | Retail Manaç     | gement                   |   |                             |                          |                           | Th-UA [] ;Th-CA [] |                      |  |
| 4      | 86009   | International    | Marketing                |   |                             |                          |                           | Th-UA [] ;Th-CA [] |                      |  |
| 5      | 86012   | Media Plann      | ing and Manageme         | ent   |                             |                          | Th-U                      | A [ ] ;Th-         | CA[]                 |  |
| 6      | UBMSFSVI.5  | Project Work     | ξ                        |   |                             |                          | Pw-U                      | IA [ ] ;Pw         | -CA[]                |  |
| Conv   | ocation Fee   |                  | Exam Form Late           | Fee   | ee Exam Form Super Late Fee |                          |                           | mination           | Fees                 |  |
| Mark   | Statement Fee   |                  | Total:                   |   |                             |                          |                           |                    |                      |  |
| Payn   | nent Details:   | Amount Rece      | ived:                    | Col   | llege Receipt               | No. and Date:            |                           |                    |                      |  |
| DD N   | lo:   |                  | MICR No:                 | •   | DD Date:                    |                          | Bank                      | C:                 |                      |  |
| Cent   | er Preference (Code/N   | lame):           |                          |   |                             |                          | •                         |                    |                      |  |
| Venu   | ie Preference (Code/N   | ame):            |                          |   |                             |                          |                           |                    |                      |  |
| To, T  | he Controller of Exam   | ination,         |                          |   |                             |                          |                           | Place:             | Vidyavihar           |  |
|        |   |                  |                          | nination. I have remitted<br>complete and correct to  |                             |                          |                           | Date:              |                      |  |
| have   | gone through the sylla  | abus and the l   | list of books prescr     | ibed for the examination                              | n for which I a             | am appearing. I shall    | not                       |                    |                      |  |
|        |   |                  |                          | or day fixed for universi<br>ion being found false or |                             |                          |                           |                    |                      |  |
|        | elled or rejected.  | uiai iii uie eve | silt of ally illioilliau | ion being found raise of                              | incorrect, my               | / carididature is liable | e io be                   |                    |                      |  |
|        | -   |                  |                          |   |                             |                          |                           | St                 | udent's Signature    |  |
|        | aration by Principal/HC   | -                |                          |   |                             |                          |                           |                    |                      |  |
|        | 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 |                  |                          |   |                             |                          |                           |                    |                      |  |
| cour   | se/term work (if any) a   | ccording to ur   | niversity rules.         |   |                             |                          |                           |                    |                      |  |
| Place  |   |                  |                          |   |                             |                          |                           |                    |                      |  |
|        |   |                  |                          |   |                             |                          |                           |                    |                      |  |
| Date   | :   |                  |                          |   |                             |                          |                           |                    |                      |  |
|        |   |                  |                          | College Staff Signature                               |                             | Seal and Signature of    |                           |                    |                      |  |
|        |   |                  |                          | Conlege Clair Cignatare                               |                             |                          | Principal/HOD/Chairperson |                    |                      |  |



### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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|        |  |                 |                     |                         |                     |                           | -              |                     |                      |  |
|--------|--|-----------------|---------------------|-------------------------|---------------------|---------------------------|----------------|---------------------|----------------------|--|
|        | PRN:   | Eligi           | bility Status:      | Examination<br>0952     |                     | Division/Section:         | Roll No        | .:                  | . / /                |  |
| :      | 2017016401265516                                       | Р               | rovisional          |                         |                     | В                         | 120            |                     | 4000                 |  |
| Instru | uction Medium:   |                 |                     |                         |                     | Nationality:              | India          |                     |                      |  |
|        |  |                 |                     | Student's P             | ersonal Informati   | on                        |                |                     |                      |  |
| Stud   | ent's Name: SAWA                                       | NT PRATIK D     | DEEPAK              |                         |                     | Mother's Name: R          | ADHIKA         | (                   | Gender: Male         |  |
| Nam    | e in Vernacular Langu                                  | age:प्रतिक दिप  | ाक सावंत            |                         |                     |                           |                |                     |                      |  |
| Addr   | ess: new manikalal es                                  | tate g-3,shalir | mar apartment,s.n   | mehta marg, ghatko      | par(w),mumbai-4     | 100084                    |                |                     |                      |  |
| City:  | mumbai, Taluka: Kurla                                  | a, District: Mu | mbai Suburban, St   | ate: Maharashtra, P     | PIN: 400084         |                           |                |                     |                      |  |
| Telep  | ohone no.:   |                 | Mot                 | ile no: 9199303751      | 10                  | Emai                      | l : theoneucar | nnotbem             | f@gmail.com          |  |
| DOB    | : Mar 30, 1999   | Ca              | tegory: Open        |                         | Physically          | Handicap: No              |                |                     |                      |  |
| Previ  | ious Latest Examination                                | on Details: Se  | m IV(Regular-Rev    | 6)                      | Exam Even           | t: Apr-2019               | Seat           | t No: 066           | 68753 (Status: Pass) |  |
| Exan   | n form appearance typ                                  | e: Fresher      |                     |                         |                     |                           |                |                     |                      |  |
| Pape   | r Details: Ple   | ase select Pa   | per details which y | ou want to appear (     | UA - University A   | Assessment,CA - Co        | llege Assessn  | nent)               |                      |  |
| SN     | Paper Code   |                 |                     | Paper Na                | me                  |                           |                | AM - AT             |                      |  |
| 1      | 86001  | Operation Ro    | esearch             |                         |                     |                           | Th-U           | h-UA [ ] ;Th-CA [ ] |                      |  |
| 2      | 86004  | HRM in Glob     | al Perspective      |                         |                     |                           | Th-U           | A [ ] ;Th-          | CA[]                 |  |
| 3      | 86010  | HRM in Serv     | ice Sector Manage   | ment                    |                     |                           | Th-U           | Th-UA [];Th-CA []   |                      |  |
| 4      | 86016  | Human Reso      | ource Accounting a  | d Audit                 |                     |                           | Th-U           | Th-UA [];Th-CA []   |                      |  |
| 5      | 86019  | Indian Ethos    | in Management       |                         |                     |                           |                | A [ ] ;Th-          | CA[]                 |  |
| 6      | UBMSFSVI.5   | Project Work    | (                   |                         |                     |                           | 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:              |                         |                     |                           |                |                     |                      |  |
| Pavn   | nent Details:  | Amount Rece     | ived:               |                         | College Receipt     | No. and Date:             |                |                     |                      |  |
| DD N   |  | , anount 1 too  | MICR No:            |                         | DD Date:            | Tto: dila Bato.           | Bank           | :                   |                      |  |
|        | er Preference (Code/N                                  | lame):          |                     |                         | 1                   |                           | 1              |                     |                      |  |
|        | ie Preference (Code/N                                  |                 |                     |                         |                     |                           |                |                     |                      |  |
| To, T  | he Controller of Exam                                  | ination,        |                     |                         |                     |                           |                | Place:              | Vidyavihar           |  |
|        | uest permission to pres                                |                 |                     |                         |                     |                           |                | <u>.</u>            | •                    |  |
|        | are that all statement n<br>gone through the sylla     |                 |                     |                         |                     |                           |                | Date:               |                      |  |
| reque  | 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 eve | ent of any informat | on being found fals     | e or incorrect, my  | candidature is liable     | e to be        |                     |                      |  |
| Caric  | elled of rejected.                                     |                 |                     |                         |                     |                           |                | St                  | udent's Signature    |  |
| Decla  | aration by Principal/HC                                | DD/Chairperso   | on                  |                         |                     |                           |                |                     |                      |  |
|        | form is carefully scruti                               |                 |                     |                         |                     |                           |                |                     |                      |  |
|        | onsibility of fulfillment/i<br>se/term work (if any) a |                 |                     | e/sne is regular stud   | dent of this Collec | ge and has complete       | a tne required | attenda             | ance and practical   |  |
|        |  |                 |                     | 1                       |                     |                           |                |                     |                      |  |
| Place  | <b>ə</b> :   |                 |                     |                         |                     |                           |                |                     |                      |  |
|        |  |                 |                     | _                       |                     |                           |                |                     |                      |  |
| 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.

Examination form No.:

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

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|  | PRN:                          | Eligi            | ibility Status:      | Examination form No.: D                                | Division/Section:           | Roll No                | <b>)</b> .:       | (2)  |                       |  |
|--|-------------------------------|------------------|----------------------|--|-----------------------------|------------------------|-------------------|--|-----------------------|--|
| 2  | 2017016401265524              |                  | Eligible             |  | <b>(III</b>                 | Α                      | 50                |  |                       |  |
| nstru  | uction Medium:                |                  |                      |  |                             | Nationality:           | India             |  |                       |  |
|  |                               |                  |                      | Student's Perso  | onal Informati              | ion                    |                   |  |                       |  |
| Stude  | ent's Name: <b>NIKET</b>      | YUVRAJ SHA       | AH                   |  |                             | Mother's Name: NA      | AYANA             |  | Gender: Male          |  |
| lame   | e in Vernacular Langua        | age:निकेत युव    | ाराज शाह             |  |                             |                        |                   |  |                       |  |
|  | ess: 8TH LANE AZAD            |                  |                      |  |                             |                        |                   |  |                       |  |
| City:  | JAYSINGPUR, Taluka            | a: Shirol, Distr |                      | e: Maharashtra, PIN: 41                                | 6101                        |                        |                   |  |                       |  |
|  | phone no.:                    |                  |                      | pile no: 919403355599                                  |                             |                        | il : niketyuvraj  | shah@y   | /ahoo.com             |  |
|  | : Aug 20, 1999                |                  | tegory: Open         |  | Physically Handicap: No     |                        |                   |  |                       |  |
|  | ious Latest Examination       |                  | m IV(Regular-Rev1    | 16)  | Exam Even                   | nt: Apr-2019           | Sea               | t No: 066  | 68698 (Status: ATKT)  |  |
|  | n form appearance type        |                  |                      |  |                             |                        |                   |  |                       |  |
| Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College A |                               |                  |                      |  |                             |                        |                   | nent)  |                       |  |
| SN   | Paper Code                    | <u> </u>         |                      | Paper Name   |                             |                        |                   |  | AM - AT               |  |
| 1  |                               | Operation Re     | esearch              |  |                             | Th-U                   | A [ ] ;Th-        | -CA[]  |                       |  |
| 2  |                               | Brand Manag      | <u> </u>             |  |                             | Th-U                   | A[];Th-           | -CA[]  |                       |  |
| 3  | 86006                         | Retail Manag     | gement               |  |                             | Th-U                   | h-UA [] ;Th-CA [] |  |                       |  |
| 4  | 86009                         | International    | Marketing            |  |                             |                        | Th-U              | A[];Th-  | -CA[]                 |  |
| 5  | 86012                         | Media Planni     | ing and Manageme     | ent  |                             |                        | Th-U              | A [ ] ;Th-   | -CA[]                 |  |
| 6  | UBMSFSVI.5                    | Project Work     |                      |  |                             |                        | Pw-U              | JA [ ] ;Pw   | v-CA []               |  |
| onv  | ocation Fee                   |                  | Exam Form Late       | Fee  | ee Exam Form Super Late Fee |                        |                   |  | n Fees                |  |
| /lark  | Statement Fee                 |                  | Total:               |  |                             |                        |                   |  |                       |  |
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|  | ue Preference (Code/Na        |                  |                      |  |                             |                        |                   |  |                       |  |
|  | The Controller of Exami       |                  |                      |  |                             |                        |                   | T <sub>Diago</sub>                                 | N O all and all and   |  |
| •  |                               | •                | or the enguing exar  | nination. I have remitted                              | t the prescrib              | ed fee for the same    | I herehy          | Place:   | Vidyavihar            |  |
| lecla  | are that all statement m      | nade in this ap  | pplication are true, | complete and correct to                                | the best of n               | my knowledge and be    | elief. I          | Date:  |                       |  |
|  |                               |                  |                      | ibed for the examination<br>or day fixed for universit |                             |                        |                   | $\vdash$   |                       |  |
|  |                               |                  |                      | ion being found false or                               |                             |                        |                   |  |                       |  |
|  | elled or rejected.            |                  | ·                    | J  | -                           |                        |                   | l st   | tudent's Signature    |  |
| Declaration by Principal/HOD/Chairperson   |                               |                  |                      |  |                             |                        |                   | 00   | udent's dignature     |  |
|  | -                             | -                |                      | y me. The information pr                               | rinted in the f             | form is correct to the | hast of my kr     | - owledge  | a Lalco undertake the |  |
| espo   | onsibility of fulfillment/re  | rectification of | f the information. H | le/she is regular student                              |                             |                        |                   |  |                       |  |
| ours   | se/term work (if any) ac      | ccording to un   | niversity rules.     | -  |                             |                        | -                 |  | •                     |  |
|  |                               |                  |                      |  |                             |                        |                   |  |                       |  |
| Place  | <b>3</b> :                    |                  |                      |  |                             |                        | l                 |  |                       |  |
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| Date:  | :                             |                  |                      | 0.1101   | <b>"</b> 0'                 |                        | 01                | . 0:-  |                       |  |
|  |                               |                  |                      | College Sta  | College Staff Signature     |                        |                   | Seal and Signature of<br>Principal/HOD/Chairperson |                       |  |



### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



|                                    | PRN:   | Eligibility Status:   |           | Examination fo<br>095272 |                   | Division/Section:       | Roll No.           | .:         | 1000                 |
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|                                    | 2017016401265532                                     | Provisional   |           |                          |                   | С                       | 170                |            | Oxuma B              |
| Instr                              | ruction Medium:                                      | -   |           |                          |                   | Nationality:            | India              |            |                      |
|                                    |  |   |           | Student's Per            | rsonal Informati  | ion                     |                    |            |                      |
| Stuc                               | dent's Name: JAIN K                                  | KRITIKA MANOJKUMAR  |           |                          |                   | Mother's Name: MA       | 4DHVI              | C          | Gender: Female       |
| Nam                                | ne in Vernacular Langua                              | age:कृतिका जैन  |           |                          |                   |                         |                    |            |                      |
| Add                                | ress: 331 media times a                              | apt abhay khand-4 indirap   | ouram g   | jhaziabad                |                   |                         |                    |            |                      |
| City                               | : ghaziabad, Taluka: ind                             | drapuram, District: Ghazia  | bad, St   | ate: Uttar Pradesh, F    | PIN: 201010       |                         |                    |            |                      |
| Tele                               | ephone no.:  |   | Mobil     | le no: 919811359155      | 5                 | Email                   | : ikritika2808(    | @gmail.    | .com                 |
| DOE                                | B: Nov 28, 1997                                      | Category: Open  | 1         |                          | Physically        | / Handicap: No          |                    |            |                      |
| Prev                               | vious Latest Examinatio                              | on Details: Sem IV(Regular  | r-Rev16   | 6)                       | Exam Even         | nt: Apr-2019            | Seat               | No: 066    | 88606 (Status: Pass) |
| Exam form appearance type: Fresher |  |   |           |                          |                   |                         |                    |            |                      |
| Pap                                | per Details: Plea                                    | ase select Paper details w  | hich yo   | ou want to appear ( U    | A - University A  | Assessment,CA - Col     | lege Assessm       | ient)      |                      |
| SN                                 | Paper Code   |   |           | Paper Name               | e                 |                         |                    |            | AM - AT              |
| 1                                  | 86001  | Operation Research  |           |                          |                   |                         | Th-UA              | ۲ [];Th-(  | CA[]                 |
| 2                                  | 86002  | International Finance   |           |                          |                   |                         | Th-UA              | ۲ [];Th-(  | CA[]                 |
| 3                                  | 86008  | Project Management  |           |                          |                   |                         | Th-UA [] ;Th-CA [] |            |                      |
| 4                                  | 86011  | Strategic Financial Manag   | gement    | t                        |                   |                         | Th-UA              | ۲ [];Th-(  | CA[]                 |
| 5                                  | 86017  | Indirect Taxes  |           |                          |                   |                         | Th-UA              | ۲ [];Th-(  | CA[]                 |
| 6                                  | UBMSFSVI.5   | Project Work  |           |                          |                   |                         | Pw-UA              | A [ ] ;Pw- | -CA []               |
| Con                                | vocation Fee   | Exam Form   | ı Late F  | ee                       | Exam Form         | Super Late Fee          | Exam               | nination   | Fees                 |
| Marl                               | k Statement Fee                                      | Total:  |           |                          |                   |                         |                    |            |                      |
|                                    |  |   |           |                          |                   |                         |                    |            |                      |
| <u> </u>                           |  | Amount Received:  |           |                          | College Receipt   | No. and Date:           | <del></del>        |            |                      |
| DD I                               |  | MICR No:  |           |                          | DD Date:          |                         | Bank:              |            |                      |
| _                                  | nter Preference (Code/N                              | · · · · · · · · · · · · · · · · · · ·   |           |                          |                   |                         |                    |            |                      |
| -                                  | ue Preference (Code/N                                | ,   |           |                          |                   |                         |                    |            |                      |
|                                    | The Controller of Exami                              |   |           |                          |                   |                         |                    | Place:     | Vidyavihar           |
| decl                               | lare that all statement m                            | sent myself for the ensuing<br>nade in this application are<br>abus and the list of books p   | e true, c | complete and correct     | to the best of n  | ny knowledge and be     | lief. I            | Date:      |                      |
| requ<br>othe                       | uest for any special conc<br>er ground. I understand | cession such as change in<br>that in the event of any inf                                     | n time o  | or day fixed for univer  | rsity Examination | on etc. on religious or | any                |            |                      |
|                                    | celled or rejected.                                  |   |           |                          |                   |                         |                    | Stı        | udent's Signature    |
| Dec                                | claration by Principal/HC                            | )D/Chairperson  |           |                          |                   |                         |                    |            |                      |
| resp                               | ponsibility of fulfillment/r                         | nized by the College staff a<br>rectification of the informat<br>ccording to university rules | tion. He  |                          |                   |                         |                    |            |                      |
| Plac                               | :e:  |   |           |                          |                   |                         |                    |            |                      |
| Date                               | ate:   |   |           |                          |                   |                         |                    |            |                      |



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

Application Form for Examination of Summer Session 2020 event.

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

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|   | PRN:                       | Eligi                             | ibility Status:                           | Examination form 095273  | ı No.:   | Division/Section:       | Roll No         | <b>)</b> .:       | Margara            |  |
|---|----------------------------|-----------------------------------|---|--|--|-------------------------|-----------------|-------------------|--------------------|--|
| :   | 2017016401265555           | P                                 | rovisional                                |  | ı  | С                       | 217             |                   |                    |  |
| nstrı   | uction Medium:             | _                                 |   |  |  | Nationality:            | India           |                   |                    |  |
|   |                            |                                   |   | Student's Perso  | onal Informati                                       | on                      |                 |                   |                    |  |
| Stude   | ent's Name: SINGH          | APAAR TUT                         | EJA DAVINDER                              |  |  | Mother's Name: St       | JSHMIT          |                   | Gender: Male       |  |
| lam   | e in Vernacular Languaç    | ige:apaar                         |   |  |  |                         |                 |                   |                    |  |
| ddr   | ess: GSM SHANKAR M         | ANDIR ROA                         | AD NEAR AGROH                             | A BHAWAN   |  |                         |                 |                   |                    |  |
| City:   | RAIGARH, Taluka: Rai       | garh, District                    | :: Raigarh, State: C                      | Chhattisgarh, PIN: 49600   | )1   |                         |                 |                   |                    |  |
| eler  | phone no.: 222447          |                                   |   | oile no: 917879781215  |  | Emai                    | l : shloktuteja | 1998@g            | jmail.com          |  |
| ОВ  | : Nov 09, 1998             | Cat                               | tegory: Open                              |  | Physically Handicap: No                              |                         |                 |                   |                    |  |
| revi  | ious Latest Examination    | า Details: Ser                    | m III(Regular-Rev1                        | 6)   | Exam Event: Apr-2019 Seat No: 0652801 (Status: ATKT) |                         |                 |                   |                    |  |
| xan   | n form appearance type     | : Fresher                         |   |  |  |                         |                 |                   |                    |  |
| ape   | er Details: Pleas          | se select Par                     | per details which y                       | ou want to appear ( UA   | - University A                                       | Assessment,CA - Co      | llege Assessr   | ment)             |                    |  |
| SN  | Paper Code                 |                                   |   | Paper Name   |  |                         |                 |                   | AM - AT            |  |
| 1   | 86001                      | Operation Re                      | esearch                                   |  |  |                         | Th-U            | A [ ] ;Th-        | -CA[]              |  |
| 2   | 86002 I                    | International                     | Finance                                   |  |  | Th-U                    | A [ ] ;Th-      | -CA[]             |                    |  |
| 3   | 86008 F                    | Project Mana                      | agement                                   |  |  |                         | Th-U            | A[];Th-           | -CA[]              |  |
| 4   | 86011                      | Strategic Fin                     | ancial Managemer                          | nt   |  |                         |                 | Th-UA [];Th-CA [] |                    |  |
| 5   | 86017 I                    | Indirect Taxe                     | s   |  |  |                         | Th-U            | A [ ] ;Th-        | -CA [ ]            |  |
| 6   | UBMSFSVI.5 F               | Project Work                      | <u> </u>                                  |  |  |                         | Pw-U            | JA [ ] ;Pw        | v-CA []            |  |
| conv  | ocation Fee                |                                   | Exam Form Late                            | Fee  | Exam Form  | Super Late Fee          | Exa             | mination          | Fees               |  |
| /lark   | Statement Fee              |                                   | Total:                                    |  |  |                         |                 |                   |                    |  |
|   |                            |                                   | <u> </u>                                  |  |  |                         |                 |                   |                    |  |
|   |                            | Amount Recei                      |   | <del> </del>   | <u> </u>   | No. and Date:           | <del></del>     |                   |                    |  |
| )D N  |                            |                                   | MICR No:                                  |  | DD Date:   |                         | Bank            | <u>(:</u>         |                    |  |
|   | er Preference (Code/Na     |                                   |   |  |  |                         |                 |                   |                    |  |
|   | ue Preference (Code/Na     | •                                 |   |  |  |                         |                 |                   |                    |  |
|   | The Controller of Examin   |                                   |   |  | ,  |                         |                 | Place:            | Vidyavihar         |  |
| lecla   | are that all statement ma  | ade in this ap                    | oplication are true,                      | nination. I have remitted<br>complete and correct to<br>ibed for the examination | the best of m  | ny knowledge and be     | elief. I        | Date:             |                    |  |
| eque  | est for any special conce  | cession such a                    | as change in time                         | or day fixed for universit<br>ion being found false or                           | ty Examinatio  | on etc. on religious or | r any           |                   |                    |  |
|   | elled or rejected.         |                                   | -   | -  |  |                         |                 | St                | tudent's Signature |  |
| امدر  | aration by Principal/HOI   | -D/Chairners(                     |   |  |  |                         |                 |                   | udent's orginature |  |
| This<br>espo  | form is carefully scrutini | nized by the C<br>ectification of | College staff and by f the information. H | y me. The information pr<br>le/she is regular student                            |  |                         |                 |                   |                    |  |
| Place   | ə:<br>                     |                                   |   |  |  |                         |                 |                   |                    |  |
| Date:  College Staff Signature  Seal and Signature of Principal/HOD/Chairperson |                            |                                   |   |  |  |                         |                 |                   |                    |  |



Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|                                    | PRN:                    | Eligi           | bility Status:       | 095274   | I INU                   | Division/Section:     | Roll No.         | .:                 | Riyati               |  |
|------------------------------------|-------------------------|-----------------|----------------------|--|-------------------------|-----------------------|------------------|--------------------|----------------------|--|
| 2                                  | 2017016401265563        | Р               | rovisional           |  |                         | В                     | 100              |                    |                      |  |
| nstru                              | ıction Medium:          |                 |                      |  |                         | Nationality:          | India            |                    |                      |  |
|                                    |                         |                 |                      | Student's Perso                                      | nal Informat            | on                    |                  |                    |                      |  |
| Stude                              | ent's Name: KOTH        | ARI NIYATI R    | AJIV                 |  |                         | Mother's Name: Kl     | EERA             | C                  | Gender: Female       |  |
| Name                               | e in Vernacular Langua  | age:कोठारी नि   | यती राजीव            |  |                         |                       |                  |                    |                      |  |
| Addre                              | ess: B/24,EVERGREE      | N CHS PHAD      | OKE CROSS RD,D       | OMBIVLI(EAST)  |                         |                       |                  |                    |                      |  |
| City:                              | DOMBIVLI, Taluka: Ka    | alyan, District | : Thane, State: Ma   | harashtra, PIN: 421201                               |                         |                       |                  |                    |                      |  |
| Telep                              | phone no.:              |                 | Mob                  | ile no: 919833584941                                 |                         | Emai                  | l : itsniyati@ya | ahoo.cor           | n                    |  |
| OOB                                | : Jan 30, 2000          | Ca              | tegory: Open         |  | Physically Handicap: No |                       |                  |                    |                      |  |
| Previ                              | ous Latest Examinatio   | n Details: Se   | m IV(Regular-Rev1    | 16)  | Exam Ever               | t: Apr-2019           | Seat             | No: 066            | 88735 (Status: Pass) |  |
| Exam form appearance type: Fresher |                         |                 |                      |  |                         |                       |                  |                    |                      |  |
| Pape                               | r Details: Plea         | ase select Pa   | per details which y  | ou want to appear ( UA                               | - University /          | Assessment,CA - Co    | llege Assessm    | ient)              |                      |  |
| SN                                 | Paper Code              |                 |                      | Paper Name   |                         |                       |                  |                    | AM - AT              |  |
| 1                                  | 86001                   | Operation Re    |                      |  |                         |                       |                  | \ [ ] ;Th-0        |                      |  |
| 2                                  | 86004                   | HRM in Glob     | al Perspective       |  |                         |                       | Th-UA            | \ [ ] ;Th-(        | CA[]                 |  |
| 3                                  | 86010                   |                 | rice Sector Manage   |  | Th-UA [];Th-CA []       |                       |                  |                    |                      |  |
| 4                                  | 86016                   |                 | ource Accounting a   | nd Audit   |                         |                       |                  | \ [ ] ;Th-(        |                      |  |
| 5                                  | 86019                   | Indian Ethos    | in Management        |  |                         |                       |                  | -UA [ ] ;Th-CA [ ] |                      |  |
| 6                                  | UBMSFSVI.5              | Project Work    | (                    | 1  |                         |                       | Pw-U/            | A [ ] ;Pw-         | -CA []               |  |
|                                    | ocation Fee             |                 | Exam Form Late       | Fee  | Exam Form               | Super Late Fee        | Exan             | nination           | Fees                 |  |
| Mark                               | Statement Fee           |                 | Total:               |  |                         |                       |                  |                    |                      |  |
| Davn                               | nent Details:           | Amount Rece     | ived:                | Call   | ege Receint             | No. and Date:         |                  |                    |                      |  |
| DD N                               |                         | Allount recc    | MICR No:             |  | DD Date:                | 140. and Date.        | Bank:            |                    |                      |  |
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|                                    | e Preference (Code/N    |                 |                      |  |                         |                       |                  |                    |                      |  |
| Го, Т                              | he Controller of Exami  | ination,        |                      |  |                         |                       |                  | Place:             | Vidyavihar           |  |
| requ                               | uest permission to pres | sent myself fo  | r the ensuing exan   | nination. I have remitted                            | the prescrib            | ed fee for the same.  | I hereby         |                    | ,                    |  |
|                                    |                         |                 |                      | complete and correct to<br>ibed for the examination  |                         |                       |                  | Date:              |                      |  |
|                                    | 0 ,                     |                 | •                    | or day fixed for universit                           |                         | 11 0                  |                  |                    |                      |  |
|                                    |                         | that in the eve | ent of any informati | ion being found false or                             | incorrect, my           | candidature is liable | e to be          |                    |                      |  |
| cance                              | elled or rejected.      |                 |                      |  |                         |                       |                  | Stı                | udent's Signature    |  |
| Decla                              | aration by Principal/HC | D/Chairperso    | on                   |  |                         |                       |                  |                    |                      |  |
| respo                              |                         | ectification of | the information. H   | / me. The information pr<br>e/she is regular student |                         |                       |                  |                    |                      |  |
| Place                              | ):<br>:                 |                 |                      |  |                         |                       |                  |                    |                      |  |
|                                    |                         |                 |                      |  |                         |                       |                  |                    |                      |  |



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

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|  | PRN:   | Eligi           | bility Status:      | Examination form No.: Di | Division/Section:           | Roll No                 | ).:                   | On.               |                      |  |
|--|--|-----------------|---------------------|--------------------------|-----------------------------|-------------------------|-----------------------|-------------------|----------------------|--|
|  | 2017016401265586   |                 | Eligible            |                          |                             | С                       | 198                   |                   | James ON.            |  |
| nstr                                       | uction Medium:   | •               |                     |                          |                             | Nationality:            | India                 |                   |                      |  |
|  |  |                 |                     | Student's Pers           | sonal Informati             | ion                     |                       |                   |                      |  |
| Stud                                       | ent's Name: RAY TA   | ANUSHREE (      | GOLOK               |                          |                             | Mother's Name: BA       | ANDANA                | (                 | Gender: Female       |  |
| Nam  | e in Vernacular Langua   | ige:RAY TAN     | NUSHREE GOLO        | (                        |                             |                         |                       |                   |                      |  |
| \ddr                                       | ess: ROOM NO.706,SA  | AI GANESH S     | SADGURU KRUPA       | COOPERATIVE SO           | CIETY, SAIVIH               | IAR, (T.P) ROAD, BI     | HANDUP WE             | ST                |                      |  |
| City:                                      | MUMBAI, Taluka: Mun  | nbai, District: |                     |                          |                             |                         |                       |                   |                      |  |
| Гele                                       | phone no.:   |                 | Mob                 | ile no: 917718916143     |                             | Emai                    | l : tanuray199        | 99@gma            | il.com               |  |
| DOB  | : Jun 23, 1999   | Cat             | tegory: Open        |                          | Physically                  | Handicap: No            |                       |                   |                      |  |
| Prev                                       | ious Latest Examination  | n Details: Ser  | m IV(Regular-Rev    | 16)                      | Exam Even                   | nt: Apr-2019            | Sea                   | t No: 066         | 68629 (Status: Pass) |  |
|  | n form appearance type   | e: Fresher      |                     |                          |                             |                         |                       |                   |                      |  |
|  | er Details: Plea   | ise select Pa   | per details which y | ou want to appear ( UA   | A - University A            | Assessment,CA - Co      | llege Assessr         | nent)             |                      |  |
| SN   | Paper Code   |                 |                     | Paper Name               | )                           |                         |                       | AM - AT           |                      |  |
| 1  |  | Operation Re    | esearch             |                          |                             |                         | A [ ] ;Th-            |                   |                      |  |
| 2  | 86002  | International   | Finance             |                          |                             | Th-U                    | A [ ] ;Th-            | CA[]              |                      |  |
| 3  | 86008  | Project Mana    | agement             |                          |                             | Th-U                    | A [ ] ;Th-            | CA[]              |                      |  |
| 4  | 86011  | Strategic Fin   | ancial Managemei    |                          |                             |                         |                       | Th-UA [];Th-CA [] |                      |  |
| 5  | 86017  | Indirect Taxe   | es                  |                          |                             |                         |                       | A [ ] ;Th-        |                      |  |
| 6  | UBMSFSVI.5   | Project Work    |                     |                          |                             |                         | Pw-U                  | IA [];Pw          | r-CA []              |  |
| Conv                                       | ocation Fee  |                 | Exam Form Late      | Fee                      | ee Exam Form Super Late Fee |                         |                       | mination          | Fees                 |  |
| Mark                                       | Statement Fee  |                 | Total:              |                          |                             |                         |                       |                   |                      |  |
| Pavr                                       | nent Details:  | Amount Recei    | ived:               | Co                       | ollege Receipt              | No. and Date:           |                       |                   |                      |  |
| 7 DC                                       |  |                 | MICR No:            |                          | DD Date:                    |                         | Bank                  | Bank:             |                      |  |
| Cent                                       | er Preference (Code/Na   | ame):           |                     |                          | 1                           |                         | I                     |                   |                      |  |
| /enı                                       | ue Preference (Code/Na   | ame):           |                     |                          |                             |                         |                       |                   |                      |  |
| Го, Т                                      | The Controller of Exami  | nation,         |                     |                          |                             |                         |                       | Place:            | Vidyavihar           |  |
|  | uest permission to pres  |                 |                     |                          |                             |                         |                       | D-4               | ·                    |  |
|  | are that all statement me gone through the sylla   |                 |                     |                          |                             |                         |                       | Date:             |                      |  |
| equ  | est for any special cond   | cession such    | as change in time   | or day fixed for univers | sity Examination            | on etc. on religious of | any                   |                   |                      |  |
|  | r ground. I understand t   | that in the eve | ent of any informat | ion being found false o  | r incorrect, my             | candidature is liable   | e to be               |                   |                      |  |
| cancelled or rejected. Student's Signature |  |                 |                     |                          |                             |                         | udent's Signature     |                   |                      |  |
| Declaration by Principal/HOD/Chairperson   |  |                 |                     |                          |                             |                         |                       |                   |                      |  |
|  | 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 |                 |                     |                          |                             |                         |                       |                   |                      |  |
|  | onsibility of fulfillment/re<br>se/term work (if any) ac   |                 |                     | e/she is regular studer  | nt of this Colle            | ge and has complete     | d the required        | d attenda         | ance and practical   |  |
| Jour                                       | oortoini work (ii ariy) ac   | cording to un   | iivoi sity Tules.   |                          |                             |                         |                       |                   |                      |  |
| Plac                                       | <b>e</b> :   |                 |                     |                          |                             |                         |                       |                   |                      |  |
|  |  |                 |                     | _                        |                             |                         |                       |                   |                      |  |
| Date                                       | t.   |                 |                     |                          |                             |                         |                       |                   |                      |  |
|  |  |                 |                     | College Staff Signature  |                             |                         | Seal and Signature of |                   |                      |  |
|  |  |                 |                     |                          |                             |                         | Princ                 | ipal/HOD          | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|   | PRN:   | Eliç           | gibility Status:     | Examination 6<br>09527 |                     | Division/Section:     | Roll No        | ı.:                       | Vishab               |  |
|---|--|----------------|----------------------|------------------------|---------------------|-----------------------|----------------|---------------------------|----------------------|--|
|   | 2017016401265594   | l i            | Provisional          |                        |                     | В                     | 78             |                           | VISTAGO              |  |
| nstrı   | uction Medium:   |                |                      |                        |                     | Nationality:          | India          |                           |                      |  |
|   |  |                |                      | Student's P            | ersonal Informati   | on                    |                |                           |                      |  |
| Stud  | ent's Name: BHADF  | RA VISHAL A    | ANIL                 |                        |                     | Mother's Name: H      | ANSA           | (                         | Gender: Male         |  |
| Nam   | e in Vernacular Langua   | ige:भद्रा विः  | शाल अनिल             |                        |                     |                       |                |                           |                      |  |
| ٩ddr  | ess: B-11, NEW SANG  | EETA APR       | Γ., 7 TH ROAD, RA    | JAWADI, GHATKOA        | AR EAST             |                       |                |                           |                      |  |
| City:   | MUMBAI, Taluka: Kurl   | a, District: M | lumbai Suburban, S   | tate: Maharashtra, F   | PIN: 400077         |                       |                |                           |                      |  |
| ГеІеј   | ohone no.:   |                | Mot                  | ile no: 9197730150     | 37                  | Emai                  | l:             |                           |                      |  |
| OOB   | : Sep 03, 1999   | Ca             | ategory: Open        |                        | Physically          | Handicap: No          |                |                           |                      |  |
| Prev  | ious Latest Examination  | n Details: Se  | em IV(Regular-Rev    | 16)                    | Exam Even           | t: Apr-2019           | Sea            | t No: 066                 | 68715 (Status: Pass) |  |
| Exan  | n form appearance type   | e: Fresher     |                      |                        |                     |                       |                |                           |                      |  |
| Pap∈  | er Details: Plea   | ise select Pa  | aper details which y | ou want to appear (    | UA - University A   | ssessment,CA - Co     | llege Assessr  | nent)                     |                      |  |
| SN  | Paper Code   |                |                      | Paper Nar              | me                  |                       |                |                           | AM - AT              |  |
| 1   | 86001  | Operation F    | Research             |                        |                     |                       |                | A [ ] ;Th-                | CA[]                 |  |
| 2   | 86004  | HRM in Glo     | bal Perspective      |                        | -                   |                       |                |                           | CA[]                 |  |
| 3   | 86010  | HRM in Ser     | vice Sector Manage   | ement                  |                     |                       | Th-U           | A [ ] ;Th-                | CA[]                 |  |
| 4   | 86016  | Human Res      | ource Accounting a   | nd Audit               |                     |                       | Th-U           | Th-UA [ ] ;Th-CA [ ]      |                      |  |
| 5   | 86019  | Indian Etho    | s in Management      |                        |                     |                       | Th-U           | h-UA[];Th-CA[]            |                      |  |
| 6   | UBMSFSVI.5   | Project Wor    | k                    |                        |                     |                       | Pw-U           | A[];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    | eived.               |                        | College Receipt     | No. and Date:         |                |                           |                      |  |
| DD N  |  | anount rico    | MICR No:             |                        | DD Date:            | Tto. dila Bato.       | Bank           | ···                       |                      |  |
|   | er Preference (Code/N  | ame).          | imorrito.            |                        |                     |                       |                |                           |                      |  |
|   | ue Preference (Code/Na   |                |                      |                        |                     |                       |                |                           |                      |  |
|   | he Controller of Exami   |                |                      |                        |                     |                       |                | Place:                    | Vidyavihar           |  |
| req   | uest permission to pres  | ent myself f   | or the ensuing exar  | nination. I have remi  | tted the prescribe  | ed fee for the same.  | I hereby       | l_                        | ,                    |  |
|   | are that all statement m<br>gone through the sylla   |                |                      |                        |                     |                       |                | Date:                     |                      |  |
|   | est for any special cond   |                |                      |                        |                     |                       |                |                           |                      |  |
|   | ground. I understand t   | hat in the ev  | ent of any informat  | on being found false   | e or incorrect, my  | candidature is liable | e to be        |                           |                      |  |
| canc  | elled or rejected.   |                |                      |                        |                     |                       |                | St                        | udent's Signature    |  |
| Declaration by Principal/HOD/Chairperson      |  |                |                      |                        |                     |                       |                |                           |                      |  |
| This  | 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 |                |                      |                        |                     |                       |                |                           |                      |  |
|   | onsibility of fulfillment/re<br>se/term work (if any) ac   |                |                      | e/she is regular stud  | lent of this Collec | ge and has complete   | d the required | d attenda                 | ance and practical   |  |
| Jour  | Scrienn work (ii driy) de  |                | miversity raics.     | 1                      |                     |                       |                |                           |                      |  |
| Place   | e:   |                |                      |                        |                     |                       |                |                           |                      |  |
|   |  |                |                      | _                      |                     |                       |                |                           |                      |  |
| Date  | :  |                |                      |                        |                     |                       |                |                           |                      |  |
| College Staff Signature Seal and Signature of |  |                |                      |                        |                     |                       |                |                           |                      |  |
|   |  |                |                      |                        | C C                 |                       |                | 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.

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

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|  | PRN:  | Eligi            | bility Status:       | Examination fo<br>095277 |                              | Division/Section:   | Roll No         | ).:                       | Parisans             |  |
|--|---|------------------|----------------------|--------------------------|------------------------------|---------------------|-----------------|---------------------------|----------------------|--|
| :  | 2017016401265605  | Р                | rovisional           |                          |                              | Α                   | 3               |                           | Charles              |  |
| Instru                                     | uction Medium:  | •                |                      |                          |                              | Nationality:        | India           |                           |                      |  |
|  |   |                  |                      | Student's Per            | sonal Informati              | on                  |                 |                           |                      |  |
| Stud                                       | ent's Name: <b>BHUN</b> I   | IA GOVIND N      | ARAYAN               |                          |                              | Mother's Name: M    | ITTHU           | (                         | Gender: Male         |  |
| Nam  | e in Vernacular Langua  | age:भूनिया गो    | विंद नारायण          |                          |                              |                     |                 |                           |                      |  |
| Addr                                       | ess: room no- 2, kurku  | te chawl, gan    | esh marg, near sai   | baba mandir, tagore      | nagar, vikhroli              | (E),MUMBAI 400083   | 3               |                           |                      |  |
| <u> </u>                                   | Mumbai, Taluka: Kurla   | a, District: Mui | mbai Suburban, St    | ate: Maharashtra, PIN    | I: 400083                    |                     |                 |                           |                      |  |
| Telep                                      | ohone no.:  |                  | Mob                  | ile no: 918767960528     | 3                            | Ema                 | il : govindbhui | nia@gm                    | ail.com              |  |
| DOB  | : Aug 22, 1999  | Cat              | tegory: Open         |                          | Physically                   | Handicap: No        |                 |                           |                      |  |
| Previ                                      | ious Latest Examinatio  | on Details: Ser  | n IV(Regular-Rev1    | 6)                       | Exam Even                    | t: Apr-2019         | Sea             | t No: 066                 | 68652 (Status: Pass) |  |
| Exan                                       | n form appearance typ   | e: Fresher       |                      |                          |                              |                     |                 |                           |                      |  |
| Pape                                       | r Details: Plea   | ase select Pa    | per details which y  | ou want to appear ( U    | A - University A             | Assessment,CA - Co  | llege Assessr   | ment)                     |                      |  |
| SN   | Paper Code  |                  |                      | Paper Name               | е                            |                     |                 | AM - AT                   |                      |  |
| 1  | 86001   | Operation Re     | esearch              |                          |                              | Th-U                | A [ ] ;Th-      | ·CA[]                     |                      |  |
| 2  | 86003   | Brand Manag      | gement               |                          |                              | Th-U                | A [ ] ;Th-      | ·CA[]                     |                      |  |
| 3  | 86006   | Retail Manag     | jement               |                          |                              |                     | Th-U            | A [ ] ;Th-                | ·CA[]                |  |
| 4  | 86009   | International    | Marketing            |                          |                              |                     |                 | Th-UA[];Th-CA[]           |                      |  |
| 5  | 86012   | Media Plann      | ing and Manageme     | ent                      |                              |                     | Th-U            | A [ ] ;Th-                | ·CA[]                |  |
| 6  | UBMSFSVI.5  | Project Work     |                      |                          |                              |                     | Pw-U            | JA [ ] ;Pw                | /-CA[]               |  |
| Conv                                       | rocation Fee  |                  | Exam Form Late       | Fee                      | ee Exam Form Super Late Fee  |                     |                 | mination                  | Fees                 |  |
| Mark                                       | Statement Fee   |                  | Total:               |                          |                              |                     |                 |                           |                      |  |
|  | D-4-3   | A                |                      |                          | -lla - Dani'al               | N I D. I.           |                 |                           |                      |  |
| DD N                                       |   | Amount Recei     | MICR No:             |                          | ollege Receipt  <br>DD Date: | No. and Date:       | David           |                           |                      |  |
|  |   | lomo\.           | MICK NO.             |                          | DD Date.                     |                     | Bank            | ζ.                        |                      |  |
|  | er Preference (Code/N<br>ie Preference (Code/N                                  |                  |                      |                          |                              |                     |                 |                           |                      |  |
|  | he Controller of Exam   |                  |                      |                          |                              |                     |                 | I <sub>a</sub> .          |                      |  |
|  | uest permission to pres   |                  | r the encuing even   | sination I have remitte  | ad the prescribe             | ad foo for the same | Lhoroby         | Place:                    | Vidyavihar           |  |
| decla                                      | are that all statement m<br>gone through the sylla                              | nade in this ap  | oplication are true, | complete and correct     | to the best of m             | ny knowledge and be | elief. I        | Date:                     |                      |  |
|  | est for any special con   |                  |                      |                          |                              |                     |                 |                           |                      |  |
| other                                      | ground. I understand  |                  |                      |                          |                              |                     |                 |                           |                      |  |
| cancelled or rejected. Student's Signature |   |                  |                      |                          |                              |                     |                 | udent's Signature         |                      |  |
| Declaration by Principal/HOD/Chairperson   |   |                  |                      |                          |                              |                     |                 |                           |                      |  |
| respo                                      | form is carefully scrutionsibility of fulfillment/r<br>se/term work (if any) ac | rectification of | the information. H   |                          |                              |                     |                 |                           |                      |  |
| Place                                      | e:  |                  |                      |                          |                              |                     |                 |                           |                      |  |
| D  |   |                  |                      |                          |                              |                     |                 |                           |                      |  |
| Date                                       | :   |                  |                      | College Staff Signature  |                              |                     | ادمې            | Seal and Signature of     |                      |  |
|  |   |                  |                      | College                  | 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.

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

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Examination form No.:

Disciple 16



|               | PRN:   | Eligi                              | ibility Status:                            | 095278   | I INO                       | Division/Section:                               | Roll No       | ɔ.:               | (0)                        |  |
|---------------|--|------------------------------------|--|--|-----------------------------|---|---------------|-------------------|----------------------------|--|
| ;             | 2017016401265613                                   | P                                  | Provisional                                |  | l III                       | Α   | 8             |                   |                            |  |
| nstrı         | uction Medium:                                     |                                    |  |  |                             | Nationality:                                    | India         |                   |                            |  |
|               |  |                                    |  | Student's Perso  | onal Informati              | ion   |               |                   |                            |  |
| Stude         | ent's Name: CHHEI                                  | DA NAYAN P                         | ANKAJ                                      |  |                             | Mother's Name: M                                | ANJULA        |                   | Gender: Male               |  |
| Nam           | e in Vernacular Langua                             | age:छेड़ा नयः                      | न पंकज                                     |  |                             |   |               |                   |                            |  |
|               | ess: 32/33, 3RD FLOO                               |                                    |  |  |                             |   |               |                   |                            |  |
| City:         | MUMBAI, Taluka: Mur                                | nbai, District:                    | Mumbai City, State                         | e: Maharashtra, PIN: 40                                | 08000                       |   |               |                   |                            |  |
| Teler         | phone no.:   |                                    | Mob  | pile no: 919820270568                                  |                             | Emai  | íl:           |                   |                            |  |
| DOB           | : Oct 14, 1999                                     | Cat                                | tegory: Open                               |  | Physically                  | y Handicap: No                                  |               |                   |                            |  |
|               | ious Latest Examination                            |                                    | m IV(Regular-Rev1                          | 6)   | Exam Even                   | nt: Apr-2019                                    | Sea           | ıt No: 06         | 68657 (Status: Pass)       |  |
|               | n form appearance type                             |                                    |  |  |                             |   |               |                   |                            |  |
| <del></del> - | er Details: Plea                                   | ase select Pa                      | per details which y                        | ou want to appear ( UA                                 | - University A              | llege Assessi                                   | ment)         |                   |                            |  |
| SN            | Paper Code   | <u> </u>                           |  | Paper Name   |                             |   |               | AM - AT           |                            |  |
| 1             | 86001  | Operation Re                       | esearch                                    |  |                             | Th-U  | JA [ ] ;Th-   | -CA[]             |                            |  |
| 2             | 86003  | Brand Manag                        | gement                                     |  |                             | Th-U  | JA [ ] ;Th-   | -CA[]             |                            |  |
| 3             | 86006  | Retail Manag                       | jement                                     |  |                             | Th-U  | JA [ ] ;Th-   | -CA[]             |                            |  |
| 4             | 86009  | International                      | Marketing                                  |  |                             |   | Th-U          | Th-UA [];Th-CA [] |                            |  |
| 5             | 86012  | Media Plann                        | ing and Manageme                           | ent  |                             |   | Th-U          | JA [ ] ;Th-       | -CA []                     |  |
| 6             | UBMSFSVI.5   | Project Work                       | <u> </u>                                   |  |                             |   | Pw-l          | JA [ ] ;Pw        | v-CA []                    |  |
| Conv          | ocation Fee  |                                    | Exam Form Late I                           | Fee  | ee Exam Form Super Late Fee |   |               | amination         | ı Fees                     |  |
| Mark          | Statement Fee                                      |                                    | Total:                                     |  |                             |   |               |                   |                            |  |
| _             |  | <del></del>                        |  |  | <del></del>                 |   |               |                   |                            |  |
|               |  | Amount Recei                       |  |  |                             | : No. and Date:                                 | - In-         |                   |                            |  |
| DD N          |  |                                    | MICR No:                                   |  | DD Date:                    |   | Bank          | K:                |                            |  |
|               | er Preference (Code/N                              |                                    |  |  |                             |   |               |                   |                            |  |
|               | ue Preference (Code/Na                             |                                    |  |  |                             |   |               |                   |                            |  |
| •             | The Controller of Exami                            | •                                  |  |  |                             |   |               | Place:            | Vidyavihar                 |  |
| decla         | are that all statement m                           | nade in this ap                    | pplication are true,                       | nination. I have remitted complete and correct to      | the best of n               | my knowledge and be                             | elief. I      | Date:             |                            |  |
| nave<br>requ  | gone through the sylla<br>est for anv special con- | ibus and the i                     | as change in time                          | ibed for the examination<br>or day fixed for universit | tv Examination              | am appearing, i snaii<br>on etc. on religious c | not<br>or anv |                   |                            |  |
| other         | r ground. I understand t                           |                                    |  | ion being found false or                               |                             |   |               | 1                 |                            |  |
| cance         | elled or rejected.                                 |                                    |  |  |                             |   |               | St                | tudent's Signature         |  |
| Decl          | aration by Principal/HO                            | DD/Chairpers                       | on .                                       |  |                             |   |               |                   | 1                          |  |
| This respo    | form is carefully scrutir                          | nized by the C<br>rectification of | College staff and by f the information. He | y me. The information pr<br>le/she is regular student  |                             |   |               |                   |                            |  |
| Place         | <del></del>  |                                    |  |  |                             |   |               |                   |                            |  |
| Date:         | ·  |                                    |  | -  |                             |   |               |                   |                            |  |
| Duic.         |  |                                    |  | College Staff Signature                                |                             |   |               |                   | nature of<br>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.

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

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|          | •   |                    |                      | Examination            | form No :               |                         | T              |  |   |  |
|----------|---|--------------------|----------------------|------------------------|-------------------------|-------------------------|----------------|--|---|--|
|          | PRN:  | Eligi <sup>r</sup> | ibility Status:      | Examination f<br>09527 | 79                      | Division/Section:       | Roll No.       | ).:  | Scaria                                  |  |
| _2       | 2017016401265621                                    | P                  | Provisional          |                        | AIIIII                  | В                       | 96             | !  |   |  |
| nstru    | uction Medium:                                      |                    |                      |                        |                         | Nationality:            | India          |  |   |  |
|          |   |                    |                      | Student's P            | Personal Informati      | on                      |                |  |   |  |
| Stude    | ent's Name: KARIA                                   | VISAJ AJAY         |                      |                        |                         | Mother's Name: NE       | EETA           |  | Gender: Male                            |  |
| Name     | e in Vernacular Langua                              | age:करि <u>आ</u> ि | वेसेज अजय            |                        |                         |                         |                |  |   |  |
| Addre    | ess: B-502, CREATIVE                                | E TOWER,OF         | P. SANSKAR DH        | AM, LAL CHOWKI, P      | KALYAN WEST             |                         |                |  |   |  |
| <u> </u> | KALYAN, Taluka: Kaly                                | yan, District: T   |                      |                        |                         |                         |                |  |   |  |
|          | phone no.:  |                    |                      | oile no: 91865561274   |                         | Emai                    | J :            |  |   |  |
|          | : Jul 10, 1999                                      |                    | tegory: Open         |                        |                         | Handicap: No            |                |  |   |  |
|          | ious Latest Examinatio                              |                    | m IV(Regular-Rev1    | (6)                    | Exam Even               | t: Apr-2019             | Seat           | t No: 066  | 68731 (Status: Pass)                    |  |
|          | n form appearance type                              |                    |                      |                        |                         |                         |                |  |   |  |
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| SN       | Paper Code  | <u> </u>           |                      | Paper Nar              | me                      |                         |                | AM - AT  |   |  |
| 1        | 86001   | Operation Re       |                      |                        |                         |                         | A [ ] ;Th-     |  |   |  |
| 2        | 86004   |                    | pal Perspective      |                        |                         |                         |                | A [ ] ;Th-   |   |  |
| 3        | 86010   |                    | vice Sector Manage   |                        |                         |                         |                | A [ ] ;Th-   |   |  |
| 4        | 86016   | +                  | ource Accounting a   | nd Audit               |                         |                         |                | A [ ] ;Th-   |   |  |
| 5        | 86019   |                    | in Management        |                        |                         |                         |                | A [ ] ;Th-   |   |  |
| 6        | UBMSFSVI.5  | Project Work       |                      |                        |                         | 0                       | <u> </u>       | JA [ ] ;Pw   |   |  |
|          | vocation Fee  |                    | Exam Form Late       | Fee                    | Exam Form               | Super Late Fee          | Exar           | mination   | ı Fees                                  |  |
| Mark     | Statement Fee                                       |                    | Total:               |                        |                         |                         |                |  |   |  |
| Payn     | nent Details:                                       | Amount Recei       | ived:                |                        | College Receipt         | No. and Date:           |                | -  |   |  |
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| Cent     | er Preference (Code/N                               | lame):             | •                    |                        |                         |                         | •              |  |   |  |
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|          | The Controller of Exam                              |                    |                      |                        |                         |                         |                | Place:   | Vidyavihar                              |  |
| l requ   | uest permission to pres                             | sent myself fo     | r the ensuing exan   | nination. I have remi  | itted the prescribe     | ed fee for the same.    | I hereby       | Date:  | ,                                       |  |
|          | are that all statement me<br>gone through the sylla |                    |                      |                        |                         |                         |                | Daic.  |   |  |
| 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          |  |   |  |
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|          |   |                    |                      |                        |                         |                         |                | St   | tudent's Signature                      |  |
|          | aration by Principal/HC                             |                    |                      |                        |                         |                         |                |  |   |  |
| This     | form is carefully scrutionsibility of fulfillment/r | nized by the C     | College staff and by | / me. The informatio   | on printed in the to    | orm is correct to the   | best of my kno | owledge  | e. I also undertake the                 |  |
|          | se/term work (if any) a                             |                    |                      | 2/SHE IS regular orac  | Jent or tine conce      | Je aliu iias compicio   | a me required  | Jaucha   | affice affu practicul                   |  |
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|          |   |                    |                      | College                | College Staff Signature |                         |                | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|   | PRN:   | Eligi                           | bility Status:      | Examination form 095280   | n No.:         | Division/Section:       | Roll N       | lo.:               | 0  |  |
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| Instr   | uction Medium:   | <u>.</u>                        |                     |   |                | Nationality:            | India        |                    |  |  |
|   |  |                                 |                     | Student's Perso   | onal Informati | on                      |              |                    |  |  |
| Stud  | lent's Name: SINGH   | SMRITI BAL                      | BIR                 |   |                | Mother's Name: UF       | PASNA        | (                  | Gender: Female   |  |
| Nam   | ne in Vernacular Langua  | age:सम्रीती सिं                 | ग                   |   |                |                         |              |                    |  |  |
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| City:   | navi mumbai, Taluka:   | Panvel, Distri                  | ct: Raigad, State:  | Maharashtra, PIN: 4102  | 10             |                         |              |                    |  |  |
| Tele  | phone no.:   |                                 | Mot                 | oile no: 919619731529   |                | Emai                    | l : upasnaga | ur75@gn            | nail.com   |  |
| DOE   | 3: Nov 15, 1999  | Cat                             | tegory: Open        |   | Physically     | Handicap: No            |              |                    |  |  |
| Prev  | rious Latest Examinatio  | n Details: Sei                  | m II(Regular-Rev1   | 6)  | Exam Even      | t: Apr-2019             | Sea<br>Pas   |                    | 17016401265636 (Status:  |  |
| Exa   | m 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   | 86001  | Operation Re                    | esearch             |   |                |                         |              | JA [ ] ;Th-        | CA[]   |  |
| 2   | 86004  |                                 | al Perspective      | Т   |                |                         |              | JA [ ] ;Th-        | CA[]   |  |
| 3   | 86010  | HRM in Serv                     | ice Sector Manage   |   |                |                         |              | Th-UA [] ;Th-CA [] |  |  |
| 4   | 86016  | Human Reso                      | ource Accounting a  | and Audit   |                |                         | Th-U         | JA [ ] ;Th-        | CA[]   |  |
| 5   | 86019  | Indian Ethos                    | in Management       |   |                |                         | Th-U         | JA [ ] ;Th-        | CA[]   |  |
| 6   | UBMSFSVI.5   | Project Work                    |                     |   |                |                         | Pw-I         | UA [ ] ;Pw         | r-CA []  |  |
| Con   | vocation Fee   |                                 | Exam Form Late      | Fee   | Exam Form      | Super Late Fee          | Exa          | amination          | Fees   |  |
| Marl  | Statement Fee  |                                 | Total:              |   |                |                         |              |                    |  |  |
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| -   | The Controller of Exami  |                                 |                     |   |                |                         |              | Place:             | Vidyavihar   |  |
| l req<br>decl   | uest permission to pres<br>are that all statement m  | ent myself fo<br>ade in this ap | plication are true, | nination. I have remitted complete and correct to                                     | the best of n  | ny knowledge and be     | elief. I     | Date:              | Vidyaviilai  |  |
| requ<br>othe  | est for any special cond<br>r ground. I understand t   | cession such                    | as change in time   | ibed for the examinatior<br>or day fixed for universition<br>ion being found false or | ty Examination | on etc. on religious or | any          |                    |  |  |
| cano  | cancelled or rejected. Student's Signature   |                                 |                     |   |                |                         |              |                    |  |  |
| Dec   | Declaration by Principal/HOD/Chairperson   |                                 |                     |   |                |                         |              |                    |  |  |
| resp  | 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  | e:   |                                 |                     |   |                |                         |              |                    |  |  |
| Date  | Date:  College Staff Signature  Seal and Signature of  Principal/HOD/Chairpercon   |                                 |                     |   |                |                         |              |                    |  |  |



### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



|       | PRN:  | Eligi            | bility Status:       | Examination<br>09528  |                     | Division/Section:     | Roll No         | ).:               | vlidhi Thokker             |  |
|-------|---|------------------|----------------------|-----------------------|---------------------|-----------------------|-----------------|-------------------|----------------------------|--|
|       | 2017016401265644  | Р                | rovisional           |                       |                     | С                     | 215             |                   | 0.57                       |  |
| Instr | uction Medium:  | <del>!</del>     |                      |                       |                     | Nationality:          | India           |                   |                            |  |
|       |   |                  |                      | Student's P           | ersonal Informati   | on                    |                 |                   |                            |  |
| Stud  | ent's Name: THAKI   | KER VIDHI JI     | GNESH                |                       |                     | Mother's Name: AS     | SHA             | (                 | Gender: Female             |  |
| Nam   | e in Vernacular Langu   | age:ठक्कर वि     | वेधी जिग्नेश         |                       |                     |                       |                 |                   |                            |  |
| Addr  | ess: 1 yamuna niwas,  | gupte road       |                      |                       |                     |                       |                 |                   |                            |  |
| City: | Dombivali, Taluka: Ka   | lyan, District:  | Thane, State: Mah    | arashtra, PIN: 4212   | .02                 |                       |                 |                   |                            |  |
| Tele  | ohone no.:  |                  | Mob                  | ile no: 9186557832    | 85                  | Emai                  | l : vidhithakke | er2480@           | gmail.com                  |  |
| DOB   | : Apr 08, 2000  | 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: 066         | 68646 (Status: Pass)       |  |
| Exar  | n form appearance typ   | e: Fresher       |                      |                       |                     |                       |                 |                   |                            |  |
| Pape  | er Details: Ple   | ase select Pa    | per details which y  | ou want to appear (   | UA - University A   | Assessment,CA - Co    | llege Assessn   | nent)             |                            |  |
| SN    | Paper Code  |                  |                      | Paper Na              | me                  |                       |                 |                   | AM - AT                    |  |
| 1     | 86001   | Operation Re     | esearch              |                       |                     |                       |                 |                   | CA[]                       |  |
| 2     | 86002   | International    | Finance              |                       |                     |                       | Th-U            | A [ ] ;Th-        | CA[]                       |  |
| 3     | 86008   | Project Mana     | agement              |                       |                     |                       | Th-U            | Th-UA [];Th-CA [] |                            |  |
| 4     | 86011   | Strategic Fin    | ancial Manageme      | nt                    |                     |                       |                 | Th-UA [];Th-CA [] |                            |  |
| 5     | 86017   | Indirect Taxe    | es                   |                       |                     |                       | Th-U            | A [ ] ;Th-        | CA[]                       |  |
| 6     | UBMSFSVI.5  | Project Work     |                      |                       |                     |                       |                 | IA [ ] ;Pw        |                            |  |
| Conv  | vocation Fee  |                  | Exam Form Late       | Fee                   | Exam Form           | Super Late Fee        | Exa             | mination          | Fees                       |  |
| Mark  | Statement Fee   |                  | Total:               |                       |                     |                       |                 |                   |                            |  |
| Payr  | nent Details:   | Amount Rece      | ived:                |                       | College Receipt     | No. and Date:         |                 |                   |                            |  |
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| Cent  | er Preference (Code/N   | lame):           |                      |                       |                     |                       | •               |                   |                            |  |
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|       | he Controller of Exam   |                  |                      |                       |                     |                       |                 | Place:            | Vidyavihar                 |  |
| decla | uest permission to pre-<br>are that all statement n<br>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<br>ground. I understand                                   | cession such     | as change in time    | or day fixed for univ | ersity Examination  | n etc. on religious o | any             |                   |                            |  |
| canc  | cancelled or rejected. Student's Signature  |                  |                      |                       |                     |                       |                 |                   |                            |  |
| Decl  | Declaration by Principal/HOD/Chairperson  |                  |                      |                       |                     |                       |                 |                   |                            |  |
| resp  | form is carefully scruti<br>onsibility of fulfillment/<br>se/term work (if any) a | rectification of | the information. H   |                       |                     |                       |                 |                   |                            |  |
| Place | e:<br>  |                  |                      |                       |                     |                       |                 |                   |                            |  |
| Date  | :   |                  |                      | College               | e Staff Signature   |                       |                 |                   | nature of<br>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.

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

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|       | PRN:  | Eligi            | bility Status:          | Examination f<br>09528     |  | Division/Section:                                  | Roll No        | ::         | Derivands             |  |  |
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|       | 2017016401265652  | P                | rovisional              |                            |  | С  | 214            |            | Lind                  |  |  |
| Instr | uction Medium:  | •                |                         |                            |  | Nationality:                                       | India          |            |                       |  |  |
|       |   |                  |                         | Student's Pe               | ersonal Informati                                  | on   |                |            |                       |  |  |
| Stud  | ent's Name: MANA  | N BINOY THA      | AKKAR                   |                            |  | Mother's Name: Al                                  | NJANA          | (          | Gender: Male          |  |  |
| Nam   | e in Vernacular Langu   | age:મનન બિન      | ોય THAKKAR              |                            |  |  |                |            |                       |  |  |
| Addr  | ess: B 34 ADITYA NA   | GAR SOCIET       | Y BHADKODRA             | ANKLESHWAR                 |  |  |                |            |                       |  |  |
| City: | ANKLESHWAR, Talu  | ka: Ankleshwa    | ar, District: Bharuch   | n, State: Gujarat, PIN     | 1: 393002  |  |                |            |                       |  |  |
| Tele  | phone no.: 254225   |                  | Mob                     | ile no: 91937744255        | 59   | Emai   | l : binoy2105( | @rediffm   | nail.com              |  |  |
| DOB   | : Nov 02, 1999  | Cat              | egory: Open             |                            | Physically   | Handicap: No                                       |                |            |                       |  |  |
| Prev  | ious Latest Examination   | on Details: Ser  | n IV(Regular-Rev1       | 6)                         | Exam Even  | t: Apr-2019  | Seat           | t No: 066  | 88645 (Status: Pass)  |  |  |
| Exar  | n form appearance typ   | e: Fresher       |                         |                            |  |  |                |            |                       |  |  |
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| SN    | Paper Code  |                  |                         | Paper Nar                  | ne   |  |                |            | AM - AT               |  |  |
| 1     | 86001   | Operation Re     | esearch                 |                            |  |  |                |            | CA[]                  |  |  |
| 2     | 86002   | International    | Finance                 | 7                          |  |  |                | A [ ] ;Th- | CA[]                  |  |  |
| 3     | 86008   | Project Mana     | ngement                 |                            |  |  | Th-U           | A [ ] ;Th- | CA[]                  |  |  |
| 4     | 86011   | Strategic Fin    | ancial Managemer        | nt                         | :  |  |                |            | Th-UA [ ] ;Th-CA [ ]  |  |  |
| 5     | 86017   | Indirect Taxe    | s                       |                            |  |  |                | A [ ] ;Th- | CA[]                  |  |  |
| 6     | UBMSFSVI.5  | Project Work     |                         |                            |  |  | Pw-U           | A[];Pw     | -CA []                |  |  |
| Conv  | ocation Fee   |                  | Exam Form Late          | Fee                        | Fee Exam Form Super Late Fee                       |  |                | mination   | Fees                  |  |  |
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|       | The Controller of Exam  |                  |                         |                            |  |  |                | D          | No. de consulta a con |  |  |
|       | uest permission to pre  |                  | r the ensuing evan      | nination I have remit      | ted the prescribe                                  | ad foo for the same                                | l hereby       | Place:     | Vidyavihar            |  |  |
| decla | are that all statement n  | nade in this ap  | plication are true,     | complete and correc        | t to the best of m                                 | ny knowledge and be                                | elief. I       | Date:      |                       |  |  |
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| resp  | onsibility of fulfillment/  | rectification of | the information. H      |                            |  |  |                |            |                       |  |  |
| cour  | se/term work (if any) a   | ccording to un   | iversity rules.         |                            |  |  |                |            |                       |  |  |
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| Date: |   |                  |                         | College Staff Signature Se |  |  | Seal           | and Siar   | nature of             |  |  |
|       |   |                  | College Staff Signature |                            |  | Seal and Signature of<br>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.

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

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Examination form No.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Elig  |                           |                | ibility Status:      | 095283  | II NO           | Division/Section:      | Roll No         | ).:                | Again e              |  |
|--|---------------------------|----------------|----------------------|---|-----------------|------------------------|-----------------|--------------------|----------------------|--|
| :  | 2017016401265675          |                | Eligible             |   |                 | С                      | 156             |                    | J Character          |  |
| Instru   | uction Medium:            |                |                      |   |                 | Nationality:           | India           |                    |                      |  |
|  |                           |                |                      | Student's Perso   | onal Informat   | ion                    |                 |                    |                      |  |
|  |                           | MAHESH BH      |                      |   |                 | Mother's Name: LE      | EENA            | G                  | Gender: Female       |  |
| Nam  | e in Vernacular Langua    | ıge:અવની મહે   | કેશ bhanushali       |   |                 |                        |                 |                    |                      |  |
|  |                           |                |                      | OM NO 301. SECTOR 2   |                 | AVIMUMBAI              |                 |                    |                      |  |
| City:  | NAVI MUMBAI, Taluka       | ı: Thane, Dist |                      | Maharashtra, PIN: 400   | 703             |                        |                 |                    |                      |  |
|  | phone no.:                |                |                      | oile no: 919819782873   |                 |                        | il : avanibhanι | ushali123          | 384@gmail.com        |  |
|  | : Jun 11, 1999            |                | tegory: Open         |   | <del></del>     | / Handicap: No         |                 |                    |                      |  |
|  | ious Latest Examination   |                | m IV(Regular-Rev1    | l <b>6</b> )  | Exam Even       | nt: Apr-2019           | Seat            | t No: 066          | 88593 (Status: Pass) |  |
| Exam form appearance type: Fresher   |                           |                |                      |   |                 |                        |                 |                    |                      |  |
|  |                           | ise select Par | per details which ye | ou want to appear ( UA  |                 | Assessment,CA - Co     | Ilege Assessn   | essment)           |                      |  |
| SN   | Paper Code                |                |                      | Paper Name  |                 |                        |                 |                    | AM - AT              |  |
| 1 86001 Operation Research   |                           |                |                      |   |                 |                        | A [ ] ;Th-0     |                    |                      |  |
| 2 86002 International Finance  |                           |                |                      |   |                 |                        | A [ ] ;Th-0     |                    |                      |  |
| 3 86008 Project Management   |                           |                |                      |   |                 |                        |                 | Th-UA [] ;Th-CA [] |                      |  |
| 4  |                           |                | nancial Managemen    | <u>ıt                                    </u>                                     |                 |                        |                 | A [ ] ;Th-0        |                      |  |
| 5  |                           | Indirect Taxe  |                      |   |                 |                        |                 | A [ ] ;Th-0        |                      |  |
| 6  | UBMSFSVI.5                | Project Work   | <u>.</u>             |   |                 |                        | Pw-U            | JA [ ] ;Pw-        | -CA [ ]              |  |
| Conv   | vocation Fee              |                | Exam Form Late F     | Fee   | Exam Form       | Super Late Fee         | Exar            | mination           | Fees                 |  |
| Mark   | Statement Fee             |                | Total:               |   | <u> </u>        |                        |                 |                    |                      |  |
| Payn   | nent Details:             | Amount Recei   | eived:               | Co <sup>t</sup>   | llege Receipt   | No. and Date:          |                 |                    |                      |  |
| DD N   |                           |                | MICR No:             |   | DD Date:        |                        | Bank            | C:                 |                      |  |
| Cent   | er Preference (Code/Na    | ame):          | <u> </u>             |   |                 |                        | 1               |                    |                      |  |
|  | ue Preference (Code/Na    |                |                      |   |                 |                        |                 |                    |                      |  |
| To, T  | The Controller of Examin  | nation,        |                      |   |                 |                        |                 | Place:             | Vidyavihar           |  |
| decla  | are that all statement ma | ade 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:              | ,                    |  |
| reque  | est for any special conc  | cession such   | as change in time of | ibed for the examinatior<br>or day fixed for universi<br>ion being found false or | ity Examination | on etc. on religious o | r any           |                    |                      |  |
| canc   | elled or rejected.        |                |                      | on boing .cuc   | ,               |                        |                 | Stu                | udent's Signature    |  |
| Decla  | aration by Principal/HO   | D/Chairperso   | วท                   | <del></del>   | _               |                        |                 | _                  |                      |  |
| 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  | <b>э</b> :                |                |                      |   |                 |                        |                 |                    |                      |  |
| Date:  |                           |                |                      |   |                 |                        |                 |                    |                      |  |



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

Application Form for Examination of Summer Session 2020 event.

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

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| PRN: Eligibility Status:                             |  |                   |                      | Examination f<br>09528 |                    | Division/Section:      | Roll No         | ).:               | Tirali_                    |  |
|--|--|-------------------|----------------------|------------------------|--------------------|------------------------|-----------------|-------------------|----------------------------|--|
|  | 2017016401265683   |                   | Eligible             |                        |                    | Α                      | 01              |                   | Minan                      |  |
| Instr  | uction Medium:   |                   |                      |                        |                    | Nationality:           | India           |                   |                            |  |
|  |  |                   |                      | Student's Pe           | ersonal Informati  | on                     |                 |                   |                            |  |
| Stud   | ent's Name: BHAN   | SALI NIRALI I     | DEEPAK               |                        |                    | Mother's Name: Ti      | EJAL            | (                 | Gender: Female             |  |
| Nam  | e in Vernacular Langu  | age:નિરાલિ ભ      | સ્નાલી               |                        |                    |                        |                 |                   |                            |  |
| Addr   | ess: B-46, CHHADVA   | NAGAR, MA         | TCH FACTORY LA       | ANE KURLA WEST         |                    |                        |                 |                   |                            |  |
| City:  | Mumbai, Taluka: Mun  | nbai, District: N | Mumbai City, State   | : Maharashtra, PIN:    | 400070             |                        |                 |                   |                            |  |
| Tele   | phone no.:   |                   | Mob                  | ile no: 91766607772    | 21                 | Emai                   | l: niralinutty@ | gmail.c           | om                         |  |
|  | : Sep 17, 1999   |                   | tegory: Open         |                        | Physically         | Handicap: No           |                 |                   |                            |  |
| Prev   | ious Latest Examination  | on Details: Sei   | m IV(Regular-Rev1    | 6)                     | Exam Even          | t: Apr-2019            | Sea             | t No: 066         | 88650 (Status: Pass)       |  |
| Exar   | n form appearance typ  | e: Fresher        |                      |                        |                    |                        |                 |                   |                            |  |
| Pape   | er Details: Ple  | ase select Pa     | per details which y  | ou want to appear (    | UA - University A  | Assessment,CA - Co     | llege Assessr   | ment)             |                            |  |
| SN   | Paper Code   |                   |                      | Paper Name             |                    |                        |                 |                   | AM - AT                    |  |
| 1  | 86001  | Operation Re      | esearch              |                        |                    |                        |                 | A [ ] ;Th-        | CA[]                       |  |
| 2  | 86003  | Brand Manag       |                      |                        |                    |                        | Th-U            | A [ ] ;Th-        | CA[]                       |  |
| 3  | 86006  | Retail Manag      |                      |                        |                    |                        | Th-U            | Th-UA [];Th-CA [] |                            |  |
| 4  | 86009  | International     |                      |                        |                    |                        |                 | Th-UA [];Th-CA [] |                            |  |
| 5 86012 Media Planning and Management Th-UA [];Th-C. |  |                   |                      |                        |                    |                        |                 |                   |                            |  |
| 6  | UBMSFSVI.5   | Project Work      | 1                    |                        |                    |                        | <del></del>     | JA [];Pw          |                            |  |
| Con  | ocation Fee  |                   | Exam Form Late       | Fee                    | Exam Form          | Super Late Fee         | Exa             | mination          | Fees                       |  |
| Mark   | Statement Fee  |                   | Total:               |                        |                    |                        |                 |                   |                            |  |
| Payr   | nent Details:  | Amount Rece       | ived:                |                        | College Receipt    | No. and Date:          |                 |                   |                            |  |
| DD N   | No:  |                   | MICR No:             | <u>'</u>               | DD Date:           |                        | Bank            | <b>(</b> :        |                            |  |
| Cent   | er Preference (Code/N  | lame):            |                      |                        | •                  |                        | •               |                   |                            |  |
| Venu   | ue Preference (Code/N  | lame):            |                      |                        |                    |                        |                 |                   |                            |  |
| To, 1  | he Controller of Exam  | ination,          |                      |                        |                    |                        |                 | Place:            | Vidyavihar                 |  |
| decla  | uest permission to pre<br>are that all statement n<br>gone through the syll  | nade in this ap   | oplication are true, | complete and correc    | t to the best of n | ny knowledge and be    | elief. I        | Date:             |                            |  |
| requ<br>othe   | est for any special con<br>r ground. I understand  | cession such      | as change in time    | or day fixed for unive | ersity Examination | on etc. on religious o | r any           |                   |                            |  |
| canc   | elled or rejected.   |                   |                      |                        |                    |                        |                 | St                | udent's Signature          |  |
| Decl   | aration by Principal/HO  | DD/Chairperso     | on                   |                        |                    |                        |                 |                   |                            |  |
| resp   | 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 ourse/term work (if any) according to university rules. |                   |                      |                        |                    |                        |                 |                   |                            |  |
| Place  | e:   |                   |                      |                        |                    |                        |                 |                   |                            |  |
| Date   | :  |                   |                      | College                | Staff Signature    |                        |                 |                   | nature of<br>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.

Examination form No.:

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

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|  | PRN:  | Eligi            | ibility Status:      | 095265   |                | Division/Section:     | Roll No           | .:            | SidOGarbore.         |  |
|--|---|------------------|----------------------|--|----------------|-----------------------|-------------------|---------------|----------------------|--|
| :  | 2017016401265702  |                  | Eligible             |  | III            | В                     | 85                |               | TO CONTROLL          |  |
| Instru                                   | uction Medium:  |                  |                      |  |                | Nationality:          | India             |               |                      |  |
|  |   |                  |                      | Student's Perso  | onal Informati | on                    |                   |               |                      |  |
| Stud                                     | ent's Name: GAVH  | ANE SIDDHE       | SH DATTATRAY         |  |                | Mother's Name: S      | ANGITA            | (             | Gender: Male         |  |
| Nam                                      | e in Vernacular Langu   | age:MARATH       | <u> </u>             |  |                |                       |                   |               |                      |  |
| Addr                                     | ess: B-10 43,3:1 DAT  | <b>FAGURUNAG</b> | AR SEC-15            |  |                |                       |                   |               |                      |  |
| City:                                    | VASHI, Taluka: Thane  | e, District: Tha | ine, State: Mahara   | shtra, PIN: 400703   |                |                       |                   |               |                      |  |
|  | phone no.: 27654404   |                  | Mob                  | pile no: 919967278742  |                |                       | il : siddheshga   | avhane1       | 1@gmail.com          |  |
| DOB                                      | : Apr 11, 1999  | Ca               | tegory: Open         |  | Physically     | Handicap: No          |                   |               |                      |  |
| Previ                                    | ious Latest Examination   | on Details: Ser  | m IV(Regular-Rev1    | 16)  | Exam Even      | t: Apr-2019           | Seat              | t No: 066     | 68722 (Status: ATKT) |  |
| Exan                                     | n form appearance typ   | e: Fresher       |                      |  |                |                       |                   |               |                      |  |
| Pape                                     | er Details: Ple   | 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  | 86001   | Operation Re     | esearch              |  |                | Th-U                  | A [ ] ;Th-        | CA[]          |                      |  |
| 2  | 86004   | HRM in Glob      | oal Perspective      |  |                | Th-U                  | A [ ] ;Th-        | CA[]          |                      |  |
| 3  | 86010   | HRM in Serv      | rice Sector Manage   | ment   |                | Th-U                  | A [ ] ;Th-        | CA[]          |                      |  |
| 4  | 86016   | Human Resc       | ource Accounting a   | nd Audit   |                | Th-U                  | Th-UA [];Th-CA [] |               |                      |  |
| 5  | 86019   | Indian Ethos     | in Management        |  |                |                       |                   | A [ ] ;Th-    | CA[]                 |  |
| 6  | UBMSFSVI.5  | Project Work     | (                    |  |                |                       | Pw-U              | A [ ] ;Pw     | /-CA [ ]             |  |
| Conv                                     | ocation Fee   |                  | Exam Form Late       | Fee  | Exam Form      | Super Late Fee        | Exar              | mination      | Fees                 |  |
| Mark                                     | Statement Fee   |                  | Total:               |  |                |                       |                   |               |                      |  |
|  | .5."  |                  |                      |  | . 5            | N. 15.                |                   |               |                      |  |
|  |   | Amount Rece      | 1                    |  |                | No. and Date:         | - In .            |               |                      |  |
| DD N                                     |   | I \              | MICR No:             |  | DD Date:       |                       | Bank              | :             |                      |  |
|  | er Preference (Code/N   |                  |                      |  |                |                       |                   |               |                      |  |
|  | ue Preference (Code/N   |                  |                      |  |                |                       |                   | _             |                      |  |
|  | The Controller of Exam  |                  |                      |  |                | 16 6 11               |                   | Place:        | Vidyavihar           |  |
| decla                                    | are that all statement n  | nade in this ap  | oplication are true, | nination. I have remitted<br>complete and correct to<br>ibed for the examination | the best of n  | ny knowledge and b    | elief. I          | Date:         |                      |  |
|  |   |                  |                      | or day fixed for universi  |                |                       |                   |               |                      |  |
|  |   | that in the eve  | ent of any informati | ion being found false or   | incorrect, my  | candidature is liabl  | e to be           |               |                      |  |
| canc                                     | elled or rejected.  |                  |                      |  |                |                       |                   | St            | udent's Signature    |  |
| Declaration by Principal/HOD/Chairperson |   |                  |                      |  |                |                       |                   |               |                      |  |
| 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                                    | <b>ə</b> :  |                  |                      |  |                |                       |                   |               |                      |  |
|  |   |                  |                      | -  |                |                       |                   |               |                      |  |
| Date                                     | :   |                  |                      | Callaga Staff Signatura  |                | Seal and Signature of |                   |               |                      |  |
|  |   |                  |                      | College Staff Signature  |                |                       |                   | D/Chairperson |                      |  |



Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of Principal/HOD/Chairperson



| PRN: Eli                  |   | Eligil          | gibility Status: Examination form N |                            |                |                        | Roll No      | o.:         |                      |
|---------------------------|---|-----------------|-------------------------------------|----------------------------|----------------|------------------------|--------------|-------------|----------------------|
|                           | 2017016401265717  | Pı              | rovisional                          |                            |                | Α                      | 65           |             |                      |
| Instr                     | uction Medium:  |                 |                                     |                            |                | Nationality:           | India        |             |                      |
|                           |   |                 |                                     | Student's Perso            | onal Informati | on                     |              |             |                      |
| Stud                      | ent's Name: ANAND   | MAANASA         | PADMANABA                           |                            |                | Mother's Name: G       | EETHA        | C           | Gender: Female       |
| Nam                       | e in Vernacular Langua  | ge:मानसा        |                                     |                            |                |                        |              |             |                      |
| Addı                      | ress: Sumac 803,Rosew   | ood Heights     | Sector 10 Plot 270                  | ,Kharghar                  |                |                        |              |             |                      |
|                           | Navi Mumbai, Taluka: F  | Panvel, Distri  | <del></del>                         |                            | 10             |                        |              |             |                      |
| Tele                      | phone no.:  |                 |                                     | ile no: 919167330827       | 1              | Emai                   | l : maanasaa | anand@gi    | mail.com             |
| DOE                       | 3: May 17, 1999   | Cat             | tegory: Open                        |                            | Physically     | Handicap: No           |              |             |                      |
| _                         | ious Latest Examination   |                 | n IV(Regular-Rev1                   | 6)                         | Exam Even      | t: Apr-2019            | Sea          | at No: 066  | 68649 (Status: Pass) |
|                           | m form appearance type  |                 |                                     |                            |                |                        |              |             |                      |
| •                         |   | se select Par   | per details which yo                | ou want to appear ( UA     | - University A | Assessment,CA - Co     | llege Assess | ment)       |                      |
| SN                        | Paper Code  |                 |                                     | Paper Name                 |                |                        |              |             | AM - AT              |
| 1                         |   | Operation Re    |                                     |                            |                |                        |              | JA [ ] ;Th- |                      |
| 2                         |   | Brand Manag     | -                                   |                            |                |                        | JA [ ] ;Th-  |             |                      |
| 3 86006 Retail Management |   |                 |                                     |                            |                |                        |              | JA [ ] ;Th- |                      |
| 4                         |   | nternational    |                                     |                            |                |                        |              | JA [ ] ;Th- |                      |
| 5                         |   |                 | ing and Manageme                    | ent                        |                |                        |              | JA [ ] ;Th- |                      |
| 6                         |   | Project Work    |                                     |                            |                |                        | <del></del>  | UA [ ] ;Pw  |                      |
|                           | vocation Fee  |                 | Exam Form Late F                    | -ee                        | Exam Form      | Super Late Fee         | Exa          | amination   | Fees                 |
| Mark                      | Statement Fee   |                 | Total:                              |                            |                |                        |              |             |                      |
| Pavr                      | ment Details:   | mount Recei     |                                     | Coll                       | ege Receint    | No. and Date:          |              |             |                      |
| DD 1                      |   | THOUSE TROOP    | MICR No:                            | <u> </u>                   | DD Date:       | Tto. una Bato.         | Ban          | ık:         |                      |
|                           | ter Preference (Code/Na   | me):            | ,                                   |                            |                |                        |              |             |                      |
|                           | ue Preference (Code/Na  |                 |                                     |                            |                |                        |              |             |                      |
| To, ⁻                     | The Controller of Examir  | nation,         |                                     |                            |                |                        |              | Place:      | Vidyavihar           |
| decla                     | uest permission to prese<br>are that all statement ma<br>gone through the syllat        | ade in this ap  | pplication are true, o              | complete and correct to    | the best of n  | ny knowledge and be    | elief. I     | Date:       |                      |
| requ<br>othe              | est for any special conce<br>r ground. I understand th                                  | ession such     | as change in time o                 | or day fixed for universit | ty Examination | on etc. on religious o | r any        |             |                      |
| cano                      | elled or rejected.  |                 |                                     |                            |                |                        |              | Stu         | udent's Signature    |
| Decl                      | eclaration by Principal/HOD/Chairperson   |                 |                                     |                            |                |                        |              |             |                      |
| resp                      | form is carefully scrutini<br>onsibility of fulfillment/re<br>se/term work (if any) acc | ectification of | the information. He                 |                            |                |                        |              |             |                      |
| Plac                      | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of

Principal/HOD/Chairperson



Examination form No.: Eligibility Status: PRN: Division/Section: Roll No.: 095287 2017016401265725 C 169 Eligible Instruction Medium: Nationality: India Student's Personal Information Student's Name: JAIN JEET KAILASH Mother's Name: BHAVANA Gender: Male Name in Vernacular Language:जैन जीत कैलास Address: A103, Snow White Apt, Near Ganesh Mandir Khopat, Hans Nagar, Thane (W) City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601 Telephone no.: Mobile no: 918291011539 Email: jjeet197@gmail.com DOB: May 08, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668605 (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 86001 Th-UA [];Th-CA [] Operation Research 86002 Th-UA [ ] ;Th-CA [ ] 2 International Finance \_\_\_ Th-UA [ ] ;Th-CA [ ] 3 86008 Project Management 4 86011 Strategic Financial Management Th-UA[];Th-CA[] 5 86017 Th-UA [ ] ;Th-CA [ ] Indirect Taxes UBMSFSVI.5 Project Work Pw-UA []:Pw-CA [] Convocation Fee Exam Form Late Fee Exam Form Super Late Fee **Examination Fees** Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: MICR No: DD Date: DD No: 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:



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

Application Form for Examination of Summer Session 2020 event.

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

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|--|---|---------|----------------|------------------------|---|-------------------|--------------------|--------------|-------------|---------|-------------------------|
|  | PRN:  |         | Eligib         | oility Status:         | Examination form 095288                                 | n No.:            | Division/Section:  | Ro           | II No.:     |         |                         |
| 2  | 2017016401265733  |         | _              | Eligible               |   |                   | С                  |              | 185         |         | Carlotte and the second |
| Instru   | ıction Medium:  |         |                | •                      |   |                   | Nationality:       | India        |             |         |                         |
|  |   |         |                |                        | Student's Perso   | onal Informat     | ion                |              |             |         |                         |
| Stude  | ent's Name: NAD   | AR SH   | IRIPRIYA       | CHELLADURAI            |   |                   | Mother's Name: A   | NNALAK       | SHMI        | Gen     | der: Female             |
| Name   | e in Vernacular Lanç  | juage:  | नादार श्रीप्रि | ोया चेल्लदुरै          |   |                   |                    |              |             |         |                         |
| Addre  | ess: ROOM NO.11,0   | CHAW    | L NO.8 JA      | AI DURGA MATA (        | CHAWL, KAMRAJ NAG                                       | AR GHATK          | OPAR EAST , MUM    | BAI - 400    | 077         |         |                         |
| City: I  | MUMBAI , Taluka: N  | /lumba  | i, District:   | Mumbai City, Stat      | e: Maharashtra, PIN: 40                                 | 00077             |                    |              |             |         |                         |
| Telep  | hone no.:   |         |                | Mob                    | ile no: 919619899471                                    |                   | Ema                | il : shripri | yanadar2    | 29@gma  | ail.com                 |
| DOB:   | : Dec 19, 1998  |         | Cate           | egory: Open            |   | Physically        | Handicap: No       |              |             |         |                         |
| Previ  | ous Latest Examina  | tion De | etails: Sen    | n IV(Regular-Rev1      | 6)  | Exam Ever         | nt: Apr-2019       |              | Seat No:    | 91010   | 5 (Status: Pass)        |
| Exam   | n form appearance t   | ype: Fr | resher         |                        |   |                   |                    |              |             |         |                         |
| Pape   | r Details: P  | lease s | select Pap     | oer details which ye   | ou want to appear ( UA                                  | - University /    | Assessment,CA - Co | llege Ass    | essment     | ( )     |                         |
| SN   | Paper Code  |         |                |                        | Paper Name  |                   |                    |              |             | F       | AM - AT                 |
| 1  | 86001   | Оре     | eration Re     | search                 |   |                   |                    | 7            | [ ] h-UA    | ;Th-CA  | []                      |
| 2  | 86002   | Inte    | rnational I    | Finance                |   |                   |                    | 1            | 「h-UA [ ] ; | ;Th-CA  | []                      |
| 3         86008         Project Management         Th-UA [];Th-CA [] |   |         |                |                        |   |                   |                    | []           |             |         |                         |
| 4  | 86011   | Stra    | ategic Fina    | ancial Managemer       | nt  |                   |                    | 1            | h-UA [ ] ;  | ;Th-CA  | []                      |
| 5  | 86017   | Indi    | rect Taxes     | S                      |   |                   |                    |              | h-UA [ ] ;  |         |                         |
| 6  | UBMSFSVI.5  | Pro     | ject Work      |                        |   |                   |                    | F            | Pw-UA[]     | ;Pw-CA  | \[]                     |
| Conv   | ocation Fee   |         |                | Exam Form Late I       | Fee   | Exam Form         | Super Late Fee     |              | Examina     | tion Fe | es                      |
| Mark   | Statement Fee   |         |                | Total:                 |   |                   |                    |              |             |         |                         |
| Paym   | nent Details:   | Amo     | unt Receiv     | ved:                   | Coll  | lege Receipt      | No. and Date:      |              |             |         |                         |
| DD N   | lo:   |         |                | MICR No:               |   | DD Date:          |                    | I            | Bank:       |         |                         |
| Cente  | er Preference (Code   | /Name   | e):            |                        | -   |                   |                    |              |             |         |                         |
| Venu   | e Preference (Code  | /Name   | e):            |                        |   |                   |                    |              |             |         |                         |
| To, T  | he Controller of Exa  | minati  | on,            |                        |   |                   |                    |              | Pla         | ce: V   | /idyavihar              |
| decla  | re that all statement   | made    | in this ap     | plication are true,    | nination. I have remitted complete and correct to       | the best of r     | ny knowledge and b | elief. l     | Dat         |         | •                       |
|  |   |         |                |                        | bed for the examination<br>or day fixed for universited |                   |                    |              | $\vdash$    |         |                         |
| other  | ground. I understan   |         |                |                        | on being found false or                                 |                   |                    |              |             |         |                         |
| cance  | ncelled or rejected. Student's Signature  |         |                |                        |   |                   |                    |              |             |         |                         |
| Decla  | eclaration by Principal/HOD/Chairperson   |         |                |                        |   |                   |                    |              |             |         |                         |
| 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 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  | ):<br>:   |         |                |                        |   |                   |                    |              |             |         |                         |
| Date:  | e:  College Staff Signature  Seal and Signature of Principal/HOD/Chairperson  |         |                |                        |   |                   |                    |              |             |         |                         |



PRN:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Eligibility Status:

Examination form No.: 095289

'e-Suvidha' account on

Division/Section:

Roll No.:



|       | PRN:                                     | Eligi                          | ibility Status:                           | 095289  | I INO          | Division/Section:    | Roll No                   | ).:        | 1 Didlin            |  |  |
|-------|--|--------------------------------|---|---|----------------|----------------------|---------------------------|------------|---------------------|--|--|
| - 2   | 2017016401265756                         |                                | Eligible                                  |   | <b>.</b> III   | В                    | 131                       |            | Waige               |  |  |
| nstrı | uction Medium:                           |                                |   |   |                | Nationality:         | India                     |            |                     |  |  |
|       |  |                                |   | Student's Perso   | onal Informati | ion                  |                           |            |                     |  |  |
| Stude | ent's Name: NIDHI F                      | PARESH VE                      | D   |   |                | Mother's Name: S     | ONAL                      | (          | Gender: Female      |  |  |
| Nam   | e in Vernacular Langua                   | age:निधी परेश                  | T ved                                     |   |                |                      |                           |            |                     |  |  |
| Addr  | ess: 193/5351 sugam-a                    | a apartments                   | pantnagar ghatkor                         | par-east mumbai   |                |                      |                           |            |                     |  |  |
| City: | mumbai, Taluka: Kurla                    | ı, District: Mu                | mbai Suburban, St                         | tate: Maharashtra, PIN: 4   | 400075         |                      |                           |            |                     |  |  |
| Teler | phone no.: 25014358                      |                                | Mob                                       | oile no: 919004987332   |                | Ema                  | il : nidhipved@           | ⊉gmail.c   | com                 |  |  |
| DOB   | : Jun 09, 1998                           | Cat                            | tegory: Open                              |   | Physically     | y Handicap: No       |                           |            |                     |  |  |
|       | ious Latest Examination                  |                                | m IV(Regular-Rev1                         | 16)   | Exam Even      | nt: Apr-2019         | Seaf                      | t No: 910  | 0104 (Status: Pass) |  |  |
|       | n form appearance type                   |                                |   |   |                |                      |                           |            |                     |  |  |
| Pape  | er Details: Plea                         | ase select Par                 | per details which y                       | ou want to appear ( UA  | - University A | Assessment,CA - Co   | Illege Assessn            | essment)   |                     |  |  |
| SN    | Paper Code                               | <u> </u>                       |   | Paper Name  |                |                      |                           |            | AM - AT             |  |  |
| 1     | 86001                                    | Operation Re                   | esearch                                   |   |                |                      | A[];Th-                   |            |                     |  |  |
| 2     | 86004                                    | HRM in Glob                    | bal Perspective                           |   |                | Th-U/                | A [ ] ;Th-                | -CA[]      |                     |  |  |
| 3     | 86010                                    | HRM in Serv                    | vice Sector Manage                        | ment  |                | Th-U/                | A[];Th-                   | -CA[]      |                     |  |  |
| 4     | 86016                                    | Human Resc                     | ource Accounting a                        | nd Audit  | d Audit        |                      |                           |            | Th-UA [];Th-CA []   |  |  |
| 5     | 86019                                    | Indian Ethos                   | s in Management                           |   |                |                      | Th-U/                     | A[];Th-    | -CA[]               |  |  |
| 6     | UBMSFSVI.5                               | Project Work                   | (   |   |                |                      | Pw-U                      | JA [ ] ;Pw | v-CA []             |  |  |
| Conv  | ocation Fee                              |                                | Exam Form Late                            | Fee   | Exam Form      | Super Late Fee       | Exar                      | mination   | Fees                |  |  |
| Mark  | Statement Fee                            |                                | Total:                                    |   |                |                      |                           |            |                     |  |  |
| Povn  | nent Details:                            | Amount Recei                   |   | Cal   | Isaa Passint   | No and Data:         |                           |            | 1                   |  |  |
| DD N  |  | Amount necei                   | MICR No:                                  | <u>'                                    </u>  | DD Date:       | No. and Date:        | Bank                      |            |                     |  |  |
|       | er Preference (Code/Na                   | lomo):                         | MICK NO.                                  |   | DD Date.       |                      | Dank                      |            |                     |  |  |
|       | ,  |                                |   |   |                |                      |                           |            |                     |  |  |
|       | ue Preference (Code/Na                   |                                |   |   |                |                      |                           | Τ          |                     |  |  |
|       | The Controller of Examination to proceed |                                | ar the enquing over                       | mination. I have remitted   | the procerib   | and foo for the same | Lharahy                   | Place:     | Vidyavihar          |  |  |
| decla | are that all statement ma                | nade in this ap                | pplication are true,                      | nination. I have remitted complete and correct to be independent in the examination | the best of n  | my knowledge and be  | elief. I                  | Date:      |                     |  |  |
|       |  |                                |   | or day fixed for universit  |                |                      |                           |            |                     |  |  |
| other | r ground. I understand t                 |                                |   | ion being found false or  |                |                      |                           |            |                     |  |  |
| cance | elled or rejected.                       |                                |   |   |                |                      |                           | St         | tudent's Signature  |  |  |
| Deck  | aration by Principal/HO                  | D/Chairperso                   | on  |   |                |                      |                           |            |                     |  |  |
| This  | form is carefully scrutin                | nized by the Crectification of | College staff and by f the information. H | y me. The information pr<br>le/she is regular student                               |                |                      |                           |            |                     |  |  |
| Place | ə:<br>                                   |                                |   |   |                |                      |                           |            |                     |  |  |
| Date: | :  |                                |   |   |                |                      |                           |            | nature 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|   | PRN:                    | Eligi            | bility Status:      | Examination form<br>095290                            | ı No.:                      | Division/Section    | : Roll                | No.:                      | D. A. Roja           |  |
|---|-------------------------|------------------|---------------------|---|-----------------------------|---------------------|-----------------------|---------------------------|----------------------|--|
|   | 2017016401265764        |                  | Eligible            |   |                             | В                   | 1                     | 16                        | D. H. 0              |  |
| nstr  | uction Medium:          | •                |                     |   |                             | Nationality:        | India                 |                           |                      |  |
|   |                         |                  |                     | Student's Perso                                       | nal Informati               | ion                 | ,                     |                           |                      |  |
| Stud  | ent's Name: DISHI       | TA AMISH RA      | .JA                 |   |                             | Mother's Name       | : RADHA               | (                         | Gender: Female       |  |
| Nam   | e in Vernacular Langu   | age:dishita      |                     |   |                             |                     |                       |                           |                      |  |
| ٩ddr  | ess: 1503, A Wing, Vij  | ay Residency     | , Kavesar Near Vija | ay Garden, Ghodbunder                                 | Road, Than                  | e-West              |                       |                           |                      |  |
| City:   | Thane, Taluka: Thane    | e, District: Tha | ne, State: Maharas  | shtra, PIN: 400615                                    |                             |                     |                       |                           |                      |  |
|   | ohone no.:              |                  | Mob                 | ile no: 919823077202                                  |                             | E                   | mail : amish.ra       | aja@gmail.                | com                  |  |
| OOB   | : Nov 29, 1998          | Ca               | tegory: Open        |   | Physically                  | / Handicap: No      |                       |                           |                      |  |
| Prev  | ious Latest Examinatio  | on Details: Se   | m III(Regular-Rev1  | 6)  | Exam Even                   | nt: Apr-2019        | S                     | Seat No: 06               | 52800 (Status: ATKT) |  |
| Exar  | n form appearance typ   | e: Fresher       |                     |   |                             |                     |                       |                           |                      |  |
| Pape  | er Details: Ple         | ase select Pa    | per details which y | ou want to appear ( UA                                | - University A              | Assessment,CA -     | College Asse          | sessment)                 |                      |  |
| SN  | Paper Code              |                  |                     | Paper Name  |                             |                     |                       | AM - AT                   |                      |  |
| 1   | 86001                   | Operation Re     | esearch             |   |                             | Th                  | n-UA [ ] ;Th-         | CA[]                      |                      |  |
| 2   | 86004                   | HRM in Glob      | al Perspective      |   |                             | n-UA [ ] ;Th-       | CA[]                  |                           |                      |  |
| 3   | 86010                   | HRM in Serv      | rice Sector Manage  | ement   |                             | n-UA [ ] ;Th-       | CA[]                  |                           |                      |  |
| 4   | 86016                   | Human Reso       | ource Accounting a  | nd Audit  |                             | Th                  | Th-UA [] ;Th-CA []    |                           |                      |  |
| 5   | 86019                   | Indian Ethos     | in Management       |   |                             |                     | Th                    | Th-UA [];Th-CA []         |                      |  |
| 6   | UBMSFSVI.5              | Project Work     | (                   |   |                             |                     |                       | w-UA [ ] ;Pw              | /-CA[]               |  |
| Conv  | ocation Fee             |                  | Exam Form Late      | Fee   | ee Exam Form Super Late Fee |                     |                       | xamination                | Fees                 |  |
| Mark  | Statement Fee           |                  | Total:              |   |                             |                     |                       |                           |                      |  |
| <b></b>   | namt Datailar           | A D              | : d.                | 0-11  | Di-t                        | No. and Date:       |                       |                           |                      |  |
|   |                         | Amount Rece      | T                   |   | DD Date:                    | No. and Date:       |                       | 1                         |                      |  |
| OD N  | er Preference (Code/N   | lomo).           | MICR No:            |   | DD Date:                    |                     | B                     | ank:                      |                      |  |
|   |                         |                  |                     |   |                             |                     |                       |                           |                      |  |
|   | le Preference (Code/N   | -                |                     |   |                             |                     |                       | -                         |                      |  |
|   | he Controller of Exam   |                  |                     |   | حائده مسمو معالم            | - d f f d           |                       | Place:                    | Vidyavihar           |  |
|   |                         |                  |                     | nination. I have remitted<br>complete and correct to  |                             |                     |                       | Date:                     |                      |  |
| nave  | gone through the sylla  | abus and the l   | ist of books prescr | ibed for the examination                              | for which I a               | am appearing. I sl  | nall not              |                           |                      |  |
|   |                         |                  |                     | or day fixed for universit<br>on being found false or |                             |                     |                       |                           |                      |  |
|   | elled or rejected.      | and in the eve   | one or any imprinat | on boing round raise or                               |                             | , carialadara lo il |                       |                           |                      |  |
|   |                         |                  |                     |   |                             |                     |                       | St                        | udent'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 |                         |                  |                     |   |                             |                     |                       |                           |                      |  |
|   |                         |                  |                     | / me. I he information pr<br>e/she is regular student |                             |                     |                       |                           |                      |  |
|   | se/term work (if any) a |                  |                     | orono lo rogular otadoni                              |                             | go ana nao oomp     | iotou tiio roqu       | iii oa attoriat           | arroo arra praoticar |  |
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|   |                         |                  |                     | _   |                             |                     |                       |                           |                      |  |
| Date  | :                       |                  |                     |   |                             |                     |                       |                           |                      |  |
|   |                         |                  |                     | College Sta   | aff 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|--|---|-----------------|----------------------|--------------------------|-------------------|-------------------------|------------------|--|----------------------------|--|
|  | PRN:  | Eligi           | ibility Status:      | Examination fo<br>095291 |                   | Division/Section:       | Roll No.         | ).:  | Dalib Kham                 |  |
| :  | 2017016401265772  | Р               | Provisional          |                          |                   | В                       | 98               |  | () 00                      |  |
| Instru   | uction Medium:  |                 |                      |                          |                   | Nationality:            | India            |  |                            |  |
|  |   |                 |                      | Student's Per            | rsonal Informati  | on                      |                  |  |                            |  |
| Stud   | ent's Name: KHAN  | TALIB SIRAJ     | JUDDIN               |                          |                   | Mother's Name: RU       | JKHSANA          | (  | Gender: Male               |  |
| Nam  | e in Vernacular Langua  | age:talib       |                      |                          |                   |                         |                  |  |                            |  |
| Addr   | ess: House No. 1709, V  | Ward No. 13     | New Colony, Khan     | pura Near PO HMT         |                   |                         |                  |  |                            |  |
| City:  | Ajmer, Taluka: Ajmer,   | District: Ajme  | er, State: Rajasthar | ı, PIN: 305003           |                   |                         |                  |  |                            |  |
| Teler  | phone no.:  |                 | Mot                  | oile no: 919468946871    | 1                 | Emai                    | l : talib30july@ | <u>⊅</u> gmail.c                             | com                        |  |
| DOB  | : Dec 12, 2000  | Car             | tegory: Open         |                          | Physically        | Handicap: No            |                  |  |                            |  |
| Previ  | ious Latest Examinatio  | on Details: Ser | m IV(Regular-Rev     | 16)                      | Exam Even         | t: Apr-2019             | Seat             | ، No: 066                                    | 68733 (Status: Pass)       |  |
| Exan   | n form appearance type  | e: Fresher      |                      |                          |                   |                         |                  |  |                            |  |
| Pape   | er Details: Plea  | ase select Pa   | per details which y  | ou want to appear ( U    | JA - University F | Assessment,CA - Col     | lege Assessm     | nent)  |                            |  |
| SN   | Paper Code  |                 |                      | Paper Nam                | Paper Name        |                         |                  |  | AM - AT                    |  |
| 1  | 86001   | Operation Re    | esearch              |                          |                   |                         | Th-U/            | A [ ] ;Th-0                                  | CA[]                       |  |
| 2  | 86004   | HRM in Glob     | oal Perspective      |                          |                   |                         | Th-U/            | A [ ] ;Th-0                                  | CA[]                       |  |
| 3  | 86010   | HRM in Serv     | vice Sector Manage   | ement                    |                   |                         | Th-U/            | A [ ] ;Th-0                                  | CA[]                       |  |
| 4  | 86016   | Human Resc      | ource Accounting a   | nd Audit                 |                   |                         | Th-U/            | A [ ] ;Th-0                                  | CA[]                       |  |
| 5  | 86019   | Indian Ethos    | in Management        |                          | Т                 |                         |                  | h-UA[];Th-CA[]                               |                            |  |
| 6  | UBMSFSVI.5  | Project Work    | <                    |                          |                   |                         | Pw-U             | IA [ ] ;Pw                                   | r-CA []                    |  |
| Conv   | ocation Fee   |                 | Exam Form Late       | Fee                      | Exam Form         | Super Late Fee          | Exar             | mination                                     | Fees                       |  |
| Mark   | Statement Fee   |                 | Total:               |                          |                   |                         |                  |  |                            |  |
|  |   |                 |                      |                          |                   |                         |                  |  |                            |  |
|  |   | Amount Recei    | T                    | <u> C</u>                | College Receipt   | No. and Date:           |                  |  |                            |  |
| DD N   |   |                 | MICR No:             |                          | DD Date:          |                         | Bank:            | <u>:                                    </u> |                            |  |
|  | er Preference (Code/N   |                 |                      |                          |                   |                         |                  |  |                            |  |
|  | ue Preference (Code/Na  |                 |                      |                          |                   |                         |                  |  |                            |  |
| •  | The Controller of Exami   | •               |                      |                          |                   |                         |                  | Place:                                       | Vidyavihar                 |  |
| decla  | uest permission to pres<br>are that all statement m<br>gone through the sylla | nade in this ap | pplication are true, | complete and correct     | 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 univer  | rsity Examination | on etc. on religious or | r any            |  |                            |  |
|  | r ground. I understand t<br>elled or rejected.                                | that in the eve | ent of any informat  | on being found talse     | or incorrect, my  | candidature is liable   | to be            |  |                            |  |
| Jane   | - Colocton  |                 |                      |                          |                   |                         |                  | St   | udent's Signature          |  |
| Decla  | aration by Principal/HO   | DD/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. |   |                 |                      |                          |                   |                         |                  |  |                            |  |
| Place  | э:  |                 |                      |                          |                   |                         |                  |  |                            |  |
| Date:  | <del></del>   |                 |                      |                          |                   |                         |                  |  |                            |  |
| College Staff Signature  |   |                 |                      |                          |                   |                         |                  |  | nature of<br>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.

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

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|       | PRN:  | Elig           | ibility Status:     | Examination for<br>095292 | m No.:  | Division/Section:      | Roll N        | lo.:        |                      |
|-------|---|----------------|---------------------|---------------------------|---|------------------------|---------------|-------------|----------------------|
|       | 2017016401265787  |                | Eligible            |                           |   | Α                      | 54            |             | Cosher               |
| nstrı | uction Medium:  |                |                     |                           |   | Nationality:           | India         |             |                      |
|       |   |                |                     | Student's Pers            | onal Informati                                | on                     |               |             |                      |
| Stud  | ent's Name: SINGH   | ROSHAN R       | AMNARAYAN           |                           |   | Mother's Name: RI      | TADEVI        | C           | Gender: Male         |
| Nam   | e in Vernacular Langua  | age:सिंग रोश   | ान रामनारायण        |                           |   |                        |               |             |                      |
| Addr  | ess: HIRABAUG KAMA  | AWADI DR C     | G ROAD CHEME        | UR MUMBAI                 |   |                        |               |             |                      |
| City: | MUMBAI, Taluka: Kurl  | a, District: M | umbai Suburban, S   | tate: Maharashtra, PIN    | I: 400088                                     |                        |               |             |                      |
| Tele  | ohone no.:  |                | Mob                 | ile no: 918767152528      |   | Email                  | : roshansin   | igh@gma     | l.com                |
| OOB   | : Oct 06, 1999  | Ca             | tegory: Open        |                           | Physically                                    | Handicap: No           |               |             |                      |
| ⊃rev  | ous Latest Examinatio   | n Details: Se  | m IV(Regular-Rev    | 16)                       | Exam Even                                     | t: Apr-2019            | Sea           | at No: 066  | 88702 (Status: Pass) |
| Exan  | n form appearance type  | e: Fresher     |                     |                           |   |                        |               |             |                      |
| Pape  | r Details: Plea   | ase select Pa  | per details which y | ou want to appear ( UA    | A - University A                              | Assessment,CA - Col    | lege Assess   | sment)      |                      |
| SN    | Paper Code  |                |                     | Paper Name                |   |                        |               |             | AM - AT              |
| 1     | 86001   | Operation R    | esearch             |                           |   | Th-l                   | JA [ ] ;Th-   | CA[]        |                      |
| 2     | 86003   | Brand Mana     | gement              |                           |   |                        | Th-l          | JA [ ] ;Th- | CA[]                 |
| 3     | 86006   | Retail Mana    | gement              |                           |   |                        | Th-l          | JA [ ] ;Th- | CA[]                 |
| 4     | 86009   | Internationa   | l Marketing         |                           | Th-l  | JA [ ] ;Th-            | CA[]          |             |                      |
| 5     | 86012   | Media Plann    | ning and Manageme   | ent                       |   |                        | Th-l          | JA [ ] ;Th- | CA[]                 |
| 6     | UBMSFSVI.5  | Project World  | k                   |                           |   |                        | Pw-           | UA [ ] ;Pw  | -CA[]                |
| Conv  | ocation Fee   |                | Exam Form Late      | Fee                       | Exam Form                                     | Super Late Fee         | Exa           | amination   | Fees                 |
| Mark  | Statement Fee   |                | Total:              |                           |   |                        |               |             |                      |
| Pavn  | nent Details:   | Amount Rece    | eived:              | Co                        | llege Receipt                                 | No. and Date:          |               |             |                      |
| DD N  |   |                | MICR No:            |                           | DD Date:                                      |                        | Ban           | nk:         |                      |
| Cent  | er Preference (Code/N   | ame):          | l                   |                           | 1   |                        |               |             |                      |
|       | e Preference (Code/Na   |                |                     |                           |   |                        |               |             |                      |
| Го, Т | he Controller of Exami  | ination,       |                     |                           |   |                        |               | Place:      | Vidyavihar           |
| req   | uest permission to pres   | sent myself fo | or the ensuing exan | nination. I have remitte  | d the prescribe                               | ed fee for the same. I | hereby        |             |                      |
|       | are that all statement m<br>gone through the sylla  |                |                     |                           |   |                        |               | Date:       |                      |
|       | est for any special cond  |                |                     |                           |   |                        |               |             |                      |
|       | ground. I understand t  | that in the ev | ent of any informat | on being found false o    | r incorrect, my                               | candidature is liable  | to be         |             |                      |
| canc  | ncelled or rejected. Student's Signature  |                |                     |                           |   |                        |               |             |                      |
| Deck  | eclaration by Principal/HOD/Chairperson   |                |                     |                           |   |                        |               |             |                      |
|       | 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 |                |                     |                           |   |                        |               |             |                      |
|       | onsibility of fulfillment/r<br>se/term work (if any) ac   |                |                     | e/she is regular studer   | t of this Colle                               | ge and has complete    | d the require | ed attenda  | ance and practical   |
| Jour  | 20/13/11/ WORK (II dily) at   | Journal of the | involony ruico.     |                           |   | Т                      |               |             |                      |
| Place | <b>)</b> :  |                |                     |                           |   |                        |               |             |                      |
|       |   |                |                     | _                         |   |                        |               |             |                      |
| Date  |   |                |                     |                           |   |                        |               |             |                      |
|       |   |                |                     | College S                 | College Staff Signature Seal and Signature of |                        |               |             |                      |



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

Application Form for Examination of Summer Session 2020 event.

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

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.: 095293 Vedika Nathani 2017016401265795 C 189 Provisional Nationality: Instruction Medium: India Student's Personal Information Student's Name: NATHANI VEDIKA ANAND Mother's Name: NEETA Gender: Female Name in Vernacular Language:वेदिका Address: MOUSUMI- 6B4 15B, BALLYGUNGE CIRCULAR ROAD ELGIN ROAD, BALLYGUNGE S.O City: KOLKATA, Taluka: KOLKATA, District:, State: West Bengal, PIN: 700019 Telephone no.: Mobile no: 919831608444 Email: nathanivedika2@gmail.com DOB: Apr 03, 1998 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668623 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment ) Paper Code Paper Name AM - AT 86001 Th-UA [];Th-CA [] Operation Research 86002 Th-UA [ ] ;Th-CA [ ] 2 International Finance \_\_\_ Th-UA [ ] ;Th-CA [ ] 3 86008 Project Management 4 86011 Strategic Financial Management Th-UA[];Th-CA[] 5 86017 Th-UA [ ] ;Th-CA [ ] Indirect Taxes UBMSFSVI.5 Project Work 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, 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: Seal and Signature of College Staff 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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| PRN: Eligibility State  |                              | Eligibility Status:   | Examination for<br>095294 | m No.:           | Division/Section:      | Roll No.                                       | ı.:            | 700                     |
|---|------------------------------|---|---------------------------|------------------|------------------------|--|----------------|-------------------------|
| :   | 2017016401265806             | Provisional   |                           |                  | С                      | 172  |                | Here weigher 3 gain     |
| Instru  | uction Medium:               | !   |                           |                  | Nationality:           | India  |                |                         |
|   |                              | _   | Student's Pers            | onal Information | on                     |  |                |                         |
| Stud  | ent's Name: JAJU H           | ARSH VARDHAN MANOJ KUN  | MAR                       |                  | Mother's Name: SA      | ROJ DEVI JA                                    | AJU (          | Gender: Male            |
| Nam   | e in Vernacular Langua       | ge:हर्ष वर्धन जाजू  |                           |                  |                        |  |                |                         |
| Addr  | ess: tower no.5,flat no.9    | 931,soham park,hari om nagar                                      | mulund east-400081        |                  |                        |  |                |                         |
| City:   | mumbai, Taluka: Mumb         | oai, District: Mumbai City, State                                 | : Maharashtra, PIN: 40    | 0081             |                        |  |                |                         |
| Tele  | phone no.: 22160438          | Mob   | oile no: 919810265102     |                  | Email                  | l : harsh.vardh                                | han.jaju(      | @gmai.com               |
| DOB   | : Feb 28, 1999               | Category: Open  |                           | Physically       | Handicap: No           |  |                |                         |
| Prev  | ious Latest Examination      | n Details: Sem IV(Regular-Rev1                                    | 16)                       | Exam Even        | t: Apr-2019            | Seat   | t No: 066      | 68608 (Status: Pass)    |
| Exan  | n form appearance type       | : Fresher   |                           |                  |                        |  |                |                         |
| Pape  | er Details: Pleas            | se select Paper details which y                                   | ou want to appear ( UA    | A - University A | ssessment,CA - Col     | lege Assessm                                   | nent)          |                         |
| SN  | Paper Code                   |   | Paper Name                |                  |                        |  |                | AM - AT                 |
| 1   | 86001                        | Operation Research  | -                         |                  |                        |  | A [ ] ;Th-     | CA[]                    |
| 2   | 86002 I                      | International Finance   | Т                         |                  |                        |  | A [ ] ;Th-     | CA[]                    |
| 3   | 86008                        | Project Management  |                           |                  |                        | Th-U/  | A [ ] ;Th-     | CA[]                    |
| 4   | 86011                        | Strategic Financial Managemer                                     | nt                        |                  |                        | Th-U/  | A [ ] ;Th-     | CA[]                    |
| 5   | 86017 I                      | Indirect Taxes  |                           |                  |                        | Th-U/  | A [ ] ;Th-     | CA[]                    |
| 6   | UBMSFSVI.5                   | Project Work  |                           |                  |                        | Pw-U.  | A [ ] ;Pw      | /-CA[]                  |
| Conv  | ocation Fee                  | Exam Form Late  | Fee                       | Exam Form        | Super Late Fee         | Exar   | mination       | Fees                    |
| Mark  | Statement Fee                | Total:  |                           |                  |                        |  |                |                         |
| Davn  | nent Details:                | mount Received:   | - ICc                     | llege Receipt I  | No and Date:           |  |                |                         |
| DD N  |                              | MICR No:  |                           | DD Date:         | vo. and Date.          | Bank   | , .            |                         |
|   | er Preference (Code/Na       |   |                           | DD Date.         |                        | Bank   |                |                         |
|   | ue Preference (Code/Na       | <u> </u>  |                           |                  |                        |  |                |                         |
|   | The Controller of Examir     | •   |                           |                  |                        |  | Place:         | Vidyavihar              |
|   |                              | ent myself for the ensuing exan                                   | nination. I have remitte  | d the prescribe  | ed fee for the same. I | hereby   | Flace.         | viuyaviilai             |
| decla   | are that all statement ma    | ade in this application are true,                                 | complete and correct to   | o the best of m  | ny knowledge and be    | elief. I                                       | Date:          |                         |
|   |                              | bus and the list of books prescr<br>ession such as change in time |                           |                  |                        |  |                |                         |
| othe  | r ground. I understand th    | hat in the event of any informat                                  |                           |                  |                        |  |                |                         |
| canc  | elled or rejected.           |   |                           |                  |                        |  | St             | udent's Signature       |
| Declaration by Principal/HOD/Chairperson  |                              |   |                           |                  |                        |  | and a signment |                         |
| 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 |                              |   |                           |                  |                        |  |                | e. I also undertake the |
| resp  | onsibility of fulfillment/re | ectification of the information. H                                |                           |                  |                        |  |                |                         |
| cour  | se/term work (if any) acc    | cording to university rules.                                      |                           |                  |                        |  |                |                         |
| Disa  |                              |   |                           |                  |                        |  |                |                         |
| Place   | <b>3</b> .                   |   |                           |                  |                        |  |                |                         |
| D-1-  | _                            |   |                           |                  |                        |  |                |                         |
| Date  |                              |   | College S                 | taff Signature   |                        | Seal :   | and Sign       | nature of               |
|   |                              |   | College Staff Signature   |                  |                        | Seal and Signature of<br>Principal/HOD/Chairpe |                |                         |



### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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| PRN: Eligibility Status:                 |   |                  |                      | Examination fo<br>095295 |                         | Division/Section:     | Roll No       | ).:               | (N                         |  |
|--|---|------------------|----------------------|--------------------------|-------------------------|-----------------------|---------------|-------------------|----------------------------|--|
|  | 2017016401265814  |                  | rovisional           |                          |                         | В                     | 105           |                   | LES S                      |  |
| Instr                                    | uction Medium:  | <u> </u>         |                      |                          |                         | Nationality:          | India         |                   |                            |  |
|  |   |                  |                      | Student's Per            | sonal Informati         |                       |               |                   |                            |  |
| Stud                                     | ent's Name: MISHF   | RA MUKESH I      | RAMNARAYAN           |                          |                         | Mother's Name: SI     | HILA          | (                 | Gender: Male               |  |
| Nam                                      | e in Vernacular Langu   | age:Mukesh       |                      |                          |                         | 1                     |               |                   |                            |  |
| Addr                                     | ess: Mayfair hillcrest b  | ld. Near popta   | ates restaurent. Vi  | khroli west mum-79       |                         |                       |               |                   |                            |  |
| City:                                    | Mumbai, Taluka: Mum   | bai, District: N | Mumbai City, State   | : Maharashtra, PIN: 4    | 00079                   |                       |               |                   |                            |  |
| Tele                                     | ohone no.:  |                  | Mob                  | ile no: 919930079688     | }                       | Emai                  | I: mukesh22   | 101999@           | gmail.com                  |  |
| DOB                                      | : Sep 22, 1999  | Cat              | tegory: Open         |                          | Physically              | Handicap: No          |               |                   |                            |  |
| Prev                                     | ious Latest Examination   | n Details: Sei   | m IV(Regular-Rev1    | 16)                      | Exam Even               | t: Apr-2019           | Sea           | t No: 066         | 68741 (Status: Pass)       |  |
| Exar                                     | n form appearance typ   | e: Fresher       |                      |                          |                         |                       |               |                   |                            |  |
| Pape                                     | er Details: Plea  | ase select Pa    | per details which y  | ou want to appear ( U    | A - University A        | Assessment,CA - Co    | llege Assessn | nent)             |                            |  |
| SN                                       | Paper Code  |                  |                      | Paper Name               | Э                       |                       |               |                   | AM - AT                    |  |
| 1  | 86001   | Operation Re     | esearch              | Th-                      |                         |                       |               |                   | CA[]                       |  |
| 2  | 86004   | HRM in Glob      | al Perspective       | 7                        |                         |                       |               | A [ ] ;Th-        | CA[]                       |  |
| 3  | 86010   | HRM in Serv      | ice Sector Manage    | ement                    |                         |                       | Th-U          | A [ ] ;Th-        | CA[]                       |  |
| 4  | 86016   | Human Reso       | ource Accounting a   | nd Audit                 | d Audit                 |                       |               | Th-UA [];Th-CA [] |                            |  |
| 5  | 86019   | Indian Ethos     | in Management        |                          |                         | Th-U                  | A [ ] ;Th-    | CA[]              |                            |  |
| 6  | UBMSFSVI.5  | Project Work     |                      |                          |                         |                       | Pw-U          | A[];Pw            | /-CA[]                     |  |
| Conv                                     | ocation Fee   |                  | Exam Form Late       | Fee                      | Exam Form               | Super Late Fee        | Exa           | mination          | Fees                       |  |
| Mark                                     | Statement Fee   |                  | Total:               |                          |                         |                       |               |                   |                            |  |
| Davr                                     | nent Details:   | Amount Rece      | ived:                |                          | ollege Receipt          | No. and Date:         |               |                   |                            |  |
| DD N                                     | -   | · inount ricco   | MICR No:             |                          | DD Date:                | 140. drid Bate.       | Bank          | ··                |                            |  |
|  | er Preference (Code/N   | lame).           | WHOTE TWO.           |                          | DD Date.                |                       |               |                   |                            |  |
|  | ue Preference (Code/N   |                  |                      |                          |                         |                       |               |                   |                            |  |
|  | he Controller of Exam   |                  |                      |                          |                         |                       |               | Place:            | Vidyavihar                 |  |
|  | uest permission to pres   |                  |                      |                          |                         |                       |               |                   | ,                          |  |
|  | are that all statement me<br>gone through the sylla   |                  |                      |                          |                         |                       |               | Date:             |                            |  |
|  | est for any special con   |                  |                      |                          |                         |                       |               |                   |                            |  |
|  | ground. I understand  | that in the eve  | ent of any informati | on being found false of  | or incorrect, my        | candidature is liable | e to be       |                   |                            |  |
| canc                                     | elled or rejected.  |                  |                      |                          |                         |                       |               | St                | udent's Signature          |  |
| Declaration by Principal/HOD/Chairperson |   |                  |                      |                          |                         |                       |               |                   |                            |  |
| 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 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. |                  |                      |                          |                         |                       |               |                   |                            |  |
| Jour                                     | Socialiti work (ii aliy) a  | coording to ur   | iivoi sity Tules.    |                          |                         |                       |               |                   |                            |  |
| Place                                    | e:  |                  |                      |                          |                         |                       |               |                   |                            |  |
| Date                                     |   |                  |                      |                          |                         |                       |               |                   |                            |  |
| Date                                     | •   |                  |                      | College S                | College Staff Signature |                       |               |                   | nature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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| PRN: Eligibility Status:      |  |                  |                      | Examination for 095296 |                         | Division/Section:     | Roll No         | ).:  | forget                |  |
|-------------------------------|--|------------------|----------------------|------------------------|-------------------------|-----------------------|-----------------|--|-----------------------|--|
| :                             | 2017016401265822                                     |                  | Eligible             |                        |                         | С                     | 178             |  | forgosts              |  |
| Instru                        | uction Medium:                                       |                  |                      |                        |                         | Nationality:          | India           |  | ,                     |  |
|                               |  |                  |                      | Student's Pe           | ersonal Informati       | on                    |                 |  |                       |  |
| Stude                         | ent's Name: MAYE                                     | KAR SUYASI       | H SANTOSH            |                        |                         | Mother's Name: MA     | ANGAL           | (  | Gender: Male          |  |
| Nam                           | e in Vernacular Langua                               | ıage:मयेकर सु    | यश संतोष             |                        |                         |                       |                 |  |                       |  |
| Addr                          | ress: ROOM NO 27 BL                                  | DG NO F7 G       | ODREJ HILL SIDE      | COLONY VIKHROL         | .I WEST                 |                       |                 |  |                       |  |
| City:                         | MUMBAI, Taluka: Kur                                  | rla, District: M | umbai Suburban, S    | tate: Maharashtra, P   | 'IN: 400079             |                       |                 |  |                       |  |
| Teler                         | phone no.:   |                  | Moh                  | oile no: 91989251851   | 6                       | Emai                  | il : smayekarul | ihs@gm   | ail.com               |  |
| DOB                           | 3: Mar 16, 1999                                      | Ca               | tegory: Reserved (   | OBC)                   | Physically              | Handicap: No          |                 |  |                       |  |
| Previ                         | ious Latest Examinatio                               | on Details: Se   | m IV(Regular-Rev     | 6)                     | Exam Even               | nt: Apr-2019          | Seat            | t No: 066  | 68614 (Status: Pass)  |  |
| Exan                          | n form appearance typ                                | e: Fresher       |                      |                        |                         |                       |                 |  |                       |  |
| Pape                          | er Details: Plea                                     | ase select Pa    | per details which y  | rou want to appear ( l | JA - University A       | Assessment,CA - Co    | llege Assessn   | nent)  |                       |  |
| SN                            | Paper Code   |                  |                      | Paper Nam              | ne                      |                       |                 |  | AM - AT               |  |
| 1                             | 86001  | Operation Re     | esearch              | 1                      |                         |                       |                 | A [ ] ;Th-   | -CA[]                 |  |
| 2                             | 86002  | International    | Finance              |                        |                         |                       | Th-U/           | A [ ] ;Th-   | -CA[]                 |  |
| 3                             | 86008  | Project Mana     | agement              |                        |                         |                       | Th-U/           | A [ ] ;Th-   | -CA[]                 |  |
| 4                             | 86011  | Strategic Fin    | nancial Managemer    | nt                     |                         |                       |                 | Th-UA [];Th-CA []                                  |                       |  |
| 5                             | 86017  | Indirect Taxe    | es                   |                        |                         |                       | Th-U/           | A [ ] ;Th-   | -CA[]                 |  |
| 6                             | UBMSFSVI.5   | Project Work     | κ                    |                        |                         |                       | Pw-U            | JA [ ] ;Pw   | v-CA []               |  |
| Conv                          | vocation Fee   |                  | Exam Form Late       | Fee                    | Exam Form               | Super Late Fee        | Exar            | mination   | ı Fees                |  |
| Mark                          | Statement Fee  |                  | Total:               |                        |                         |                       |                 |  |                       |  |
| Povr                          | ment Details:  | Amount Rece      |                      |                        | College Receipt         | No and Data:          |                 |  |                       |  |
| DD N                          |  | Amount nece      | MICR No:             |                        | DD Date:                | No. and Date.         | Bank            | <del></del>  |                       |  |
|                               | ter Preference (Code/N                               | Nama):           | MICK NO.             |                        | DD Date.                |                       | Dalik           |  |                       |  |
|                               | ue Preference (Code/N                                |                  |                      |                        |                         |                       |                 |  |                       |  |
|                               | The Controller of Exam                               |                  |                      |                        |                         |                       |                 | T <sub>Dlaco</sub> :                               | Videovibor            |  |
|                               | uest permission to pres                              |                  | or the ensuing exar  | nination. I have remit | ted the prescribe       | ed fee for the same   | I hereby        | Place:   | Vidyavihar            |  |
| decla                         | are that all statement m                             | made in this ap  | pplication are true, | complete and correct   | t to the best of n      | ny knowledge and be   | elief. I        | Date:  |                       |  |
|                               | e gone through the sylla<br>est for any special con- |                  |                      |                        |                         |                       |                 | <u> </u>   |                       |  |
| other                         | r ground. I understand                               |                  |                      |                        |                         |                       |                 |  |                       |  |
| canc                          | celled or rejected.                                  |                  |                      |                        |                         |                       | I               | l <sub>St</sub>                                    | tudent's Signature    |  |
| Deck                          | aration by Principal/HC                              | ∩D/Chairners     |                      |                        |                         |                       |                 | <u> </u>   | duent's Oignatare     |  |
|                               | form is carefully scruti                             | -                |                      | me The information     | n printed in the f      | orm is correct to the | haet of my kn   | owledge  | a Laleo undertake the |  |
| respo                         | onsibility of fulfillment/r                          | rectification of | f the information. H |                        |                         |                       |                 |  |                       |  |
| cours                         | se/term work (if any) a                              | ccording to ur   | niversity rules.     |                        |                         |                       |                 |  |                       |  |
|                               |  |                  |                      | T                      |                         |                       |                 |  |                       |  |
| Place                         | <b>3</b> :   |                  |                      |                        |                         |                       | I               |  |                       |  |
|                               |  |                  | -                    |                        |                         |                       | I               |  |                       |  |
| Date: College Staff Signature |  |                  |                      |                        |                         | Sool                  | -nd Ciar        |  |                       |  |
|                               |  |                  |                      | College                | College Staff Signature |                       |                 | Seal and Signature of<br>Principal/HOD/Chairperson |                       |  |



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

 $\label{policy equation for Examination of Summer Session 2020 event.} \\$ 

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

To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login todayl

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status: 095297 DWision/Section: Roll No.: 151  Instruction Medium: Nationality: India  Student's Personal Information  Student's Name: AGARWAL HITESH MUKESH Mother's Name: MADHU Gender: Male  Name in Vernacular Language:अगरवाल हिलेश मुकेश  Address: 104/12 B AGARWAL ASHRAM, PIPE ROAD KURLA WEST  City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070  Telephone no.: Mobile no: 917506625374 Email : hiteshagarwal 155@gmail.com  DOB: Dec 25, 1999 Category: Open Physically Handicap: No  Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668587 (Status: Pass)  Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment)  SN Paper Code Paper Name AM - AT  1 86001 Operation Research  1 1-UA [];Th-CA []  2 86002 International Finance |
|--|
| Student's Personal Information Student's Name: AGARWAL HITESH MUKESH Name in Vernacular Language:अगरवाल हितेश मुकेश Address: 104/12 B AGARWAL ASHRAM, PIPE ROAD KURLA WEST City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070 Telephone no.: Mobile no: 917506625374 Email: hiteshagarwal155@gmail.com DOB: Dec 25, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668587 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment ) SN Paper Code Paper Name AM - AT 1 86001 Operation Research  |
| Student's Name: AGARWAL HITESH MUKESH Name in Vernacular Language:अगरवाल हिलेश मुकेश  Address: 104/12 B AGARWAL ASHRAM, PIPE ROAD KURLA WEST City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070 Telephone no.: Mobile no: 917506625374 Email: hiteshagarwal155@gmail.com DOB: Dec 25, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668587 (Status: Pass) Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment ) SN Paper Code Paper Name AM - AT 1 86001 Operation Research   |
| Name in Vernacular Language:अगरवाल हितेश मुकेश  Address: 104/12 B AGARWAL ASHRAM, PIPE ROAD KURLA WEST  City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070  Telephone no.: Mobile no: 917506625374 Email : hiteshagarwal155@gmail.com  DOB: Dec 25, 1999 Category: Open Physically Handicap: No  Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668587 (Status: Pass)  Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )  SN Paper Code Paper Name AM - AT  1 86001 Operation Research Th-UA[];Th-CA[]   |
| Address: 104/12 B AGARWAL ASHRAM, PIPE ROAD KURLA WEST  City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070  Telephone no.: Mobile no: 917506625374 Email : hiteshagarwal155@gmail.com  DOB: Dec 25, 1999 Category: Open Physically Handicap: No  Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668587 (Status: Pass)  Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )  SN Paper Code Paper Name AM - AT  1 86001 Operation Research Th-UA [];Th-CA []   |
| City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070  Telephone no.: Mobile no: 917506625374 Email : hiteshagarwal155@gmail.com  DOB: Dec 25, 1999 Category: Open Physically Handicap: No  Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668587 (Status: Pass)  Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )  SN Paper Code Paper Name AM - AT  1 86001 Operation Research Th-UA [];Th-CA []   |
| Telephone no.:    Mobile no: 917506625374   Email : hiteshagarwal155@gmail.com   |
| DOB: Dec 25, 1999 Category: Open Physically Handicap: No  Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668587 (Status: Pass)  Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )  SN Paper Code Paper Name AM - AT  1 86001 Operation Research Th-UA [];Th-CA []   |
| Previous Latest Examination Details: Sem IV(Regular-Rev16)  Exam Event: Apr-2019  Seat No: 0668587 (Status: Pass)  Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)  SN Paper Code Paper Name  AM - AT  1 86001 Operation Research  Th-UA [];Th-CA []   |
| Exam form appearance type: Fresher  Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )  SN Paper Code Paper Name AM - AT  1 86001 Operation Research Th-UA [];Th-CA []  |
| Paper Details:     Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )       SN     Paper Code     Paper Name     AM - AT       1     86001     Operation Research     Th-UA [];Th-CA []  |
| SN         Paper Code         Paper Name         AM - AT           1         86001         Operation Research         Th-UA [];Th-CA []  |
| 1 86001 Operation Research Th-UA [];Th-CA []   |
|  |
| 2 86002 International Finance Th-UA [];Th-CA []  |
|  |
| 3         86008         Project Management         Th-UA [];Th-CA []   |
| 4 86011 Strategic Financial Management Th-UA [];Th-CA []   |
| 5 86017 Indirect Taxes Th-UA [] ;Th-CA []  |
| 6 UBMSFSVI.5 Project Work Pw-UA [] ;Pw-CA []   |
| Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees   |
| Mark Statement Fee Total:  |
| Brownest Bateller According to the Control of College Browlet No. and Bate   |
| Payment Details:     Amount Received:     College Receipt No. and Date:       DD No:     MICR No:     DD Date:     Bank:   |
|  |
| Center Preference (Code/Name):   |
| Venue Preference (Code/Name):  |
| To, The Controller of Examination,  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  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  |
| 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)

Application Form for Examination of Summer Session 2020 event.

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

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|  | PRN:  | Eligi                  | bility Status:      | Examination f<br>09529 |   | Division/Section:     | Roll No        | .:         |                      |  |
|--|---|------------------------|---------------------|------------------------|---|-----------------------|----------------|------------|----------------------|--|
|  | 2017016401265845                                |                        | Eligible            |                        |   | Α                     | 43             |            | - Paristan           |  |
| Instr  | uction Medium:                                  |                        |                     |                        |   | Nationality:          | India          |            |                      |  |
|  |   |                        |                     | Student's Pe           | ersonal Informati                       | on                    |                |            |                      |  |
| Stud   | ent's Name: NANDU                               | DARSHI PF              | RAVIN               |                        |   | Mother's Name: JA     | GRUTI          | (          | Gender: Female       |  |
| Nam  | e in Vernacular Langua                          | ge:darshi              |                     |                        |   |                       |                |            |                      |  |
| Addr   | ddress: B/15, Ekta Appartment, Charai           |                        |                     |                        |   |                       |                |            |                      |  |
| City:  | thane, Taluka: Thane, [                         | District: Than         | ne, State: Maharas  | htra, PIN: 400601      |   |                       |                |            |                      |  |
| Tele   | ohone no.:                                      |                        | Mol                 | oile no: 91986776049   | 97                                      | Emai                  | l : nandudarsh | ni30@gr    | mail.com             |  |
| DOB: Nov 30, 1999 Category: Open Physically Handicap: No |   |                        |                     |                        |   |                       |                |            |                      |  |
| Prev   | ious Latest Examination                         | Details: Ser           | m IV(Regular-Rev    | 16)                    | Exam Even                               | t: Apr-2019           | Seat           | No: 066    | 68690 (Status: Pass) |  |
| Exar   | 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  | nent)      |                      |  |
| SN   | Paper Code                                      |                        |                     | Paper Nar              | ne                                      |                       |                |            | AM - AT              |  |
| 1  | 86001   | Operation Re           | esearch             |                        |   |                       | Th-U           | 4 [ ] ;Th- | ·CA[]                |  |
| 2  | 86003 I   | Brand Mana             | gement              |                        |   |                       | Th-U           | 4 [ ] ;Th- | ·CA[]                |  |
| 3  | 86006 I   | Retail Management Th-U |                     |                        |   |                       |                |            | h-UA [] ;Th-CA []    |  |
| 4  | 86009 I   |                        |                     |                        |   |                       |                |            |                      |  |
|  |   |                        |                     |                        |   |                       |                | 4 [ ] ;Th- |                      |  |
| 6 UBMSFSVI.5 Project Work Pw-UA []; Pw-CA []             |   |                        |                     |                        |   |                       |                | /-CA[]     |                      |  |
| Con  | ocation Fee                                     |                        | Exam Form Late      | Fee                    | Exam Form                               | Super Late Fee        | Exar           | mination   | Fees                 |  |
| Mark   | Statement Fee                                   |                        | Total:              |                        |   |                       |                |            |                      |  |
| Davr   | nent Details:                                   | mount Recei            | ived:               |                        | College Receipt                         | No. and Date:         |                |            |                      |  |
| DD N   |   | mount Nece             | MICR No:            |                        | College Receipt No. and Date:  DD Date: |                       |                | Bank:      |                      |  |
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|  | ue Preference (Code/Na                          |                        |                     |                        |   |                       |                |            |                      |  |
|  | The Controller of Examir                        | -                      |                     |                        |   |                       |                | Division   | \                    |  |
|  | uest permission to prese                        |                        | r the ensuing ever  | nination I have remit  | tted the prescribe                      | ad fee for the same   | l hereby       | Place:     | Vidyavihar           |  |
| decla  | are that all statement ma                       | ade in this ap         | plication are true, | complete and correct   | t to the best of n                      | ny knowledge and be   | elief. I       | Date:      |                      |  |
|  | gone through the syllatest for any special conc |                        |                     |                        |   |                       |                |            |                      |  |
|  | ground. I understand the                        |                        |                     |                        |   |                       |                |            |                      |  |
| canc   | elled or rejected.                              |                        |                     |                        |   |                       |                | St         | udent's Signature    |  |
| Decl   | aration by Principal/HOI                        | D/Chairners            | n e                 |                        |   |                       |                | 0.0        | ddent's Olghataic    |  |
|  | form is carefully scrutin                       |                        |                     | v me. The informatio   | n printed in the fo                     | orm is correct to the | hest of my kny | owledae    | Lalso undertake the  |  |
| resp   | onsibility of fulfillment/re                    | ectification of        | the information. H  |                        |   |                       |                |            |                      |  |
| cour   | se/term work (if any) ac                        | cording to un          | niversity rules.    |                        |   |                       |                |            |                      |  |
|  |   |                        |                     |                        |   |                       |                |            |                      |  |
| Place  | <b>9</b> :                                      |                        |                     |                        |   |                       |                |            |                      |  |
| <u> </u>   |   |                        |                     |                        |   |                       |                |            |                      |  |
| Date   | :   |                        |                     | College                | Staff Signature                         |                       | Spal           | and Sign   | nature of            |  |
| College Staff Signature Seal and Signa Principal/HOD/    |   |                        |                     |                        |   |                       |                |            |                      |  |



Date:

#### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of

Principal/HOD/Chairperson



Examination form No.: Eligibility Status: PRN: Division/Section: Roll No.: 095299 aindo 2017016401265853 C 175 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: **BHAGWANI VRINDA MAHESH** Mother's Name: ROMA Gender: Female Name in Vernacular Language:भागवानी वृन्दा महेश Address: MILLENIUM PARK FLAT NO 103 BLOCK NO 219 ROOM NO 438 OPP SARASWATI HIGH SCHOOL SAMBHAJI CHOWK City: ULHASNAGAR, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421004 Telephone no.: Mobile no: 919689873739 Email: vinibhagwani12@gmail.com DOB: Aug 12, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668591 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment ) Paper Code Paper Name AM - AT 86001 Th-UA [];Th-CA [] Operation Research 86002 Th-UA [ ] ;Th-CA [ ] 2 International Finance \_\_\_ Th-UA [ ] ;Th-CA [ ] 3 86008 Project Management 4 86011 Strategic Financial Management Th-UA[];Th-CA[] 5 86017 Th-UA [ ] ;Th-CA [ ] Indirect Taxes UBMSFSVI.5 Project Work 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, 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:



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

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

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|  | PRN:                      | Eligi  | ibility Status:       | Examination form<br>095300                             | 1 No.:                  | Division/Section:     | Roll No.                              | ).:  | Yande Ca              |  |
|--|---------------------------|--|-----------------------|--|-------------------------|-----------------------|---------------------------------------|--|-----------------------|--|
| :  | 2017016401265876          |  | Eligible              |  | l III                   | В                     | 129                                   |  | Ganis                 |  |
| nstrı  | uction Medium:            |  |                       |  |                         | Nationality:          | India                                 |  |                       |  |
|  |                           |  |                       | Student's Perso  | onal Informati          | on                    |                                       |  |                       |  |
| Stude  | ent's Name: SONI Y        | AMISHA PR  | AGNESH                |  |                         | Mother's Name: SI     | HEETAL                                | (  | Gender: Female        |  |
| Nam  | e in Vernacular Langua    | ıge:यामीष सो   | नी                    |  |                         |                       |                                       |  |                       |  |
|  | ess: A2 Nemvihar Mura     |  | , ,                   |  |                         |                       |                                       |  |                       |  |
| <u> </u>   |                           | District: Mun  |                       | ate: Maharashtra, PIN: 4                               | 100080                  |                       |                                       |  |                       |  |
|  | phone no.: 25674731       |  |                       | pile no: 917506834652                                  | <del></del>             |                       | il : soniyamish                       | 1a26@gi  | mail.com              |  |
|  | : Feb 26, 2000            |  | tegory: Open          | 40)  | <del>, , , ,</del>      | Handicap: No          |                                       | · N 06   | 00704 (Otation Door)  |  |
|  | ious Latest Examination   |  | m IV(Regular-Revi     | 6)   | Exam Even               | t: Apr-2019           | Seat                                  | t No: Ubt  | 68761 (Status: Pass)  |  |
|  | n form appearance type    |  | dataila which w       |  | University /            | ^==aaamant CA Ca      |                                       |  |                       |  |
|  |                           | se select Par  | per details which ye  | rou want to appear ( UA                                | - University F          | SSESSMENT, CA - CO    | llege Assessii                        | nent )   | ABA AT                |  |
| SN<br>1  | Paper Code                | Operation D  |                       | Paper Name   |                         |                       | Th II                                 | ^ [1.Th  | AM - AT               |  |
|  |                           | Operation Re   |                       |  |                         |                       |                                       | A [ ] ;Th-   |                       |  |
| 2  |                           |  | oal Perspective       |  |                         |                       |                                       | IA [] ;Th-CA []                                    |                       |  |
| 3  |                           | 86010 HRM in Service Sector Management Th-UA [];Th 86016 Human Resource Accounting and Audit Th-UA [];Th |                       |  |                         |                       |                                       |  |                       |  |
| 5 86019 Indian Ethos in Management Th-UA [];Th-CA [] |                           |  |                       |  |                         |                       |                                       |  |                       |  |
| 6 UBMSFSVI.5 Project Work                            |                           |  |                       |  |                         |                       | JA [];Pw                              |  |                       |  |
|  | ocation Fee               | Ploject vvoik  | Exam Form Late I      | E00  | Evam Form               | Super Late Fee        | <u> </u>                              | mination   |                       |  |
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| Vicin  | Otatement 1 00            |  | Total.                |  |                         |                       |                                       |  |                       |  |
| Payn   | nent Details: A           | Amount Recei   | ived:                 | Coll   | lege Receipt            | No. and Date:         |                                       |  |                       |  |
| DD N   | 10:                       |  | MICR No:              |  | DD Date:                |                       |                                       | Bank:  |                       |  |
| Cent   | er Preference (Code/Na    | ame):  |                       |  |                         |                       |                                       |  |                       |  |
| Venu   | ue Preference (Code/Na    | ame):  |                       |  |                         |                       |                                       |  |                       |  |
| To, T  | The Controller of Examin  | nation,  |                       |  |                         |                       |                                       | Place:   | Vidyavihar            |  |
|  |                           |  |                       | nination. I have remitted<br>complete and correct to   |                         |                       |                                       | Date:  |                       |  |
| have   | gone through the syllab   | bus and the l  | list of books prescri | ibed for the examination                               | n for which I a         | am appearing. I shall | l not                                 | <u> </u>   |                       |  |
|  |                           |  |                       | or day fixed for universit<br>ion being found false or |                         |                       |                                       |  |                       |  |
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|  |                           |  |                       |  |                         |                       |                                       | St   | tudent's Signature    |  |
|  | aration by Principal/HOI  | -  |                       | Ti information n                                       | t t Usaba £             | ' to the              | · · · · · · · · · · · · · · · · · · · | مماديا   | to the standard and a |  |
|  |                           |  |                       | y me. The information pr<br>le/she is regular student  |                         |                       |                                       |  |                       |  |
|  | se/term work (if any) acc |  |                       |  |                         | ,                     |                                       |  |                       |  |
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| Place  | <b>э</b> :                |  |                       |  |                         | !                     |                                       |  |                       |  |
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| Date   | :                         |  |                       | Callaga Ct   | " O':                   | ļ                     | Cool                                  | !  |                       |  |
|  |                           |  |                       | College Sta  | College Staff Signature |                       |                                       | Seal and Signature of<br>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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility                           |   |                   | oility Status:      | Examination form No.:<br>095301 |                               | Division/Section: Roll |                 | o.:                  | O KSVI              |  |
|--|---|-------------------|---------------------|---------------------------------|-------------------------------|------------------------|-----------------|----------------------|---------------------|--|
|  | 2017016401265892  | E                 | Eligible            |                                 |                               | С                      | 167             |                      | 25th                |  |
| Instru                                     | uction Medium:  | •                 |                     |                                 |                               | Nationality:           | India           |                      |                     |  |
|  |   |                   |                     | Student's Pers                  | onal Informat                 | ion                    |                 |                      |                     |  |
| Stud                                       | ent's Name: JADHA   | V SAKSHI MU       | UKESH               |                                 |                               | Mother's Name: M       | IRUNAL          | G                    | ender: Female       |  |
| Nam  | e in Vernacular Langua  | ge:जाधव सार्क्ष   | ी मुकेश             |                                 |                               |                        |                 |                      |                     |  |
| Addr                                       | ess: A/701,Gayatri Apa  | rtment parsik     | nagar kharegaon     | ,kalwa                          |                               |                        |                 |                      |                     |  |
| City:                                      | THANE, Taluka: Thane  | e, District: Tha  | ane, State: Mahara  | ashtra, PIN: 400605             |                               |                        |                 |                      |                     |  |
| Tele                                       | ohone no.:  |                   | Mob                 | ile no: 917710833212            |                               | Ema                    | il : sakshi10ja | dhav@gn              | nail.com            |  |
| DOB  | : Jan 01, 2000  | Cate              | egory: Open         |                                 | Physically                    | Handicap: No           |                 |                      |                     |  |
| Prev                                       | ious Latest Examinatior   | n Details: Sem    | n IV(Regular-Rev1   | 16)                             | Exam Ever                     | nt: Apr-2019           | Sea             | t No: 0668           | 3603 (Status: Pass) |  |
| Exan                                       | n form appearance type  | : Fresher         |                     |                                 |                               |                        |                 |                      |                     |  |
| Pape                                       | er Details: Plea  | se select Pap     | er details which y  | ou want to appear ( UA          | - University                  | Assessment,CA - Co     | ollege Assessr  | ment)                |                     |  |
| SN   | Paper Code  |                   |                     | Paper Name                      |                               |                        |                 |                      | AM - AT             |  |
| 1 86001 Operation Research                 |   |                   |                     |                                 |                               |                        | Th-U            | A [ ] ;Th-C          | CA[]                |  |
| 2 86002 International Finance T            |   |                   |                     |                                 |                               |                        | Th-U            | Th-UA [ ] ;Th-CA [ ] |                     |  |
| 3 86008 Project Management Th-             |   |                   |                     |                                 |                               |                        | Th-U            | h-UA [];Th-CA []     |                     |  |
| 4 86011 Strategic Financial Management Th- |   |                   |                     |                                 |                               |                        | Th-U            | A [ ] ;Th-C          | CA[]                |  |
| 5 86017 Indirect Taxes Th-U                |   |                   |                     |                                 |                               | Th-U                   | A [ ] ;Th-C     | CA[]                 |                     |  |
| 6  | UBMSFSVI.5  | Project Work      |                     |                                 |                               |                        | Pw-L            | JA [];Pw-            | CA[]                |  |
| Conv                                       | ocation Fee   |                   | Exam Form Late      | Fee                             | e Exam Form Super Late Fee    |                        |                 | Examination Fees     |                     |  |
| Mark                                       | Statement Fee   |                   | Total:              |                                 |                               |                        |                 |                      |                     |  |
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|  | he Controller of Examir   | •                 |                     |                                 |                               |                        |                 | Place:               | Vidyavihar          |  |
| decla                                      | uest permission to preso<br>are that all statement ma<br>gone through the syllal      | ade in this app   | plication are true, | complete and correct to         | o the best of r               | ny knowledge and b     | elief. I        | Date:                |                     |  |
| requi                                      | est for any special conc<br>ground. I understand t                                    | ession such a     | as change in time   | or day fixed for univers        | ity Examination               | on etc. on religious o | or any          |                      |                     |  |
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| Deck                                       | aration by Principal/HO   | D/Chairperso      | n                   |                                 |                               |                        |                 |                      |                     |  |
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Date:

### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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|   | PRN:  | Eligi           | ibility Status:      | Examination form 095302  | n No.:           | Division/Section:     | Roll No       | ).:           |                      |  |
|---|---|-----------------|----------------------|--------------------------|------------------|-----------------------|---------------|---------------|----------------------|--|
|   | 2017016401633577  |                 | Eligible             |                          |                  | В                     | 91            |               |                      |  |
| Instru  | uction Medium:  | •               |                      |                          |                  | Nationality:          | India         |               |                      |  |
|   | Student's Personal Information                                |                 |                      |                          |                  |                       |               |               |                      |  |
| Stud  | ent's Name: JOSHI I   | HIRALI PRA      | GNESH                |                          |                  | Mother's Name: Al     | NITA          | (             | Gender: Female       |  |
| Nam   | e in Vernacular Langua  | ge:જોશી હિરા    | .લી પ્રજ્ઞેશ         |                          |                  |                       |               |               |                      |  |
| Addr  | Address: A/306, ORBIT TOWER, GARODIA NAGAR, GHATKOPAR EAST,   |                 |                      |                          |                  |                       |               |               |                      |  |
| City:   | MUMBAI , Taluka: Kurl   | a, District: M  | umbai Suburban, S    | State: Maharashtra, PIN  | I: 400077        |                       |               |               |                      |  |
| Telephone no.: Mobile no: 917208877883 Email : hiralij333@gmail.com |   |                 |                      |                          |                  |                       |               |               |                      |  |
| DOB   | OOB: Oct 03, 1999 Category: Open Physically Handicap: No      |                 |                      |                          |                  |                       |               |               |                      |  |
| Prev  | ious Latest Examinatior                                       | n Details: Sei  | m IV(Regular-Rev1    | 6)                       | Exam Even        | t: Apr-2019           | Sea           | t No: 066     | 68726 (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 - Col   | lege Assessi  | ment)         |                      |  |
| SN  | Paper Code  |                 |                      | Paper Name               |                  |                       |               |               | AM - AT              |  |
| 1   | 86001   | Operation Re    | esearch              |                          |                  |                       | Th-U          | A [ ] ;Th-    | CA[]                 |  |
| 2   | 2 86004 HRM in Global Perspective Th-UA [];Th-CA []           |                 |                      |                          |                  |                       |               |               | CA[]                 |  |
| 3 86010 HRM in Service Sector Management Th-UA [];Th-CA []          |   |                 |                      |                          |                  |                       | CA[]          |               |                      |  |
| 4   | 4 86016 Human Resource Accounting and Audit Th-UA [];Th-CA [] |                 |                      |                          |                  |                       |               | CA[]          |                      |  |
| 5   | 5 86019 Indian Ethos in Management Th-UA [];Th-CA []          |                 |                      |                          |                  |                       |               | CA[]          |                      |  |
| 6   | UBMSFSVI.5  | Project Work    | (                    |                          |                  |                       | Pw-L          | JA [ ] ;Pw    | /-CA[]               |  |
| Conv  | ocation Fee   |                 | Exam Form Late       | Fee                      | Exam Form        | Super Late Fee        | Exa           | mination      | Fees                 |  |
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|   | The Controller of Examir                                      | =               |                      |                          |                  |                       |               | Place:        | Vidyavihar           |  |
| decla   | uest permission to prese<br>are that all statement ma         | ade in this ap  | pplication are true, | complete and correct to  | the best of n    | ny knowledge and be   | elief. I      | Date:         |                      |  |
|   | egone through the syllate<br>est for any special conc         |                 |                      |                          |                  |                       |               |               |                      |  |
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| Decl  | aration by Principal/HOI                                      | D/Chairners     |                      |                          |                  |                       |               | 31            | udent's Signature    |  |
|   | form is carefully scrutin                                     | •               |                      | me The information o     | rinted in the fo | orm is correct to the | hest of my kn | owledge       | Lalso undertake the  |  |
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Application Form for Examination of Summer Session 2020 event.

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Examination form No.:



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|--|-------------------------|-------------------------------------|---|--|--|------------------------|---------------|---------------------------|----------------------|--|
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| Instructio                               | n Medium:               |                                     |   |  |  | Nationality:           | India         |                           |                      |  |
|  |                         |                                     |   | Student's Perso  | onal Informati                                 | on                     |               |                           |                      |  |
| Student's                                | Name: SHIRC             | DKAR PURV                           | /A RAMKRISHNA S                           | SANDHYA  |  | Mother's Name: Sa      | ANDHYA        | C                         | Gender: Female       |  |
| Name in '                                | Vernacular Langu        | age:शिरोडकर                         | पूर्वा रामकृष्ण संध्य                     | п  |  |                        |               |                           |                      |  |
| Address:                                 | C/1, MANOHAR F          | 3HAGAT BLD                          | G TUKARAM NAC                             | GAR, AYRE ROAD DON   | MBIVALI EAS                                    | ST                     |               |                           |                      |  |
| City: DON                                | ЛВIVALI, Taluka: I      | Kalyan, Distric                     | ct: Thane, State: M                       | laharashtra, PIN: 42120  | 11   |                        |               |                           |                      |  |
| Telephon                                 | ne no.: 2881784         |                                     | Moh                                       | oile no: 918828024750  |  | Ema                    | il : PURVARS( | 0602@G                    | MAIL.COM             |  |
| DOB: Feb                                 | b 06, 1999              | Ca                                  | tegory: Open                              |  | Physically                                     | Handicap: No           |               |                           |                      |  |
|  |                         |                                     | m IV(Regular-Rev1                         | 6)   | Exam Even                                      | t: Apr-2019            | Seat          | t No: 066                 | 88757 (Status: Pass) |  |
| Exam for                                 | m appearance typ        | e: Fresher                          |   |  |  |                        |               |                           |                      |  |
| Paper De                                 | tails: 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  | 86001                   | Operation Re                        | esearch                                   |  |  |                        | Th-U/         | A [ ] ;Th-0               | CA[]                 |  |
| 2  | 86004                   | HRM in Glob                         | oal Perspective                           |  |  |                        | Th-U/         | A [ ] ;Th-0               | CA []                |  |
| 3 86010 HRM in Service Sector Management |                         |                                     |   |  |  |                        | Th-U/         | Th-UA [];Th-CA []         |                      |  |
| 4  | 86016                   | Human Resc                          | ource Accounting a                        | nd Audit   |  |                        | Th-U/         | A [ ] ;Th-0               | CA[]                 |  |
| 5  | 86019                   | Indian Ethos                        | in Management                             |  |  |                        | Th-U/         | A [ ] ;Th-0               | CA[]                 |  |
| 6  | UBMSFSVI.5              | Project Work                        | (   |  |  |                        | Pw-U          | JA [ ] ;Pw-               | -CA[]                |  |
| Convocat                                 | tion Fee                |                                     | Exam Form Late                            | Fee  | Exam Form                                      | Super Late Fee         | Exar          | mination                  | Fees                 |  |
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| Payment                                  | Details:                | Amount Recei                        |   | <u> </u>   | College Receipt No. and Date:  DD Date:  Bank: |                        |               |                           |                      |  |
| DD No:                                   | - (2 + 1)               | <u> </u>                            | MICR No:                                  |  | DD Date:                                       |                        |               | <u> </u>                  |                      |  |
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|  | reference (Code/N       |                                     |   |  |  |                        |               |                           |                      |  |
| •  | Controller of Exam      | •                                   |   |  |  |                        | l             | Place:                    | Vidyavihar           |  |
| declare th                               | hat all statement m     | nade in this ap                     | pplication are true,                      | nination. I have remitted<br>complete and correct to<br>ibed for the examination | the best of n                                  | ny knowledge and be    | elief. I      | Date:                     |                      |  |
| request fo                               | or any special con-     | cession such                        | as change in time                         | or day fixed for universit   | ity Examination                                | on etc. on religious o | r any         |                           |                      |  |
| other grou                               | und. I understand       |                                     |   | ion being found false or   |  |                        |               |                           |                      |  |
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| This form responsit                      | n is carefully scrution | inized by the C<br>rectification of | College staff and by f the information. H | y me. The information pr<br>le/she is regular student                            |  |                        |               |                           |                      |  |
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| PRN: Eligibility Status:   |  |  |   | 095304  |  | Division/Section:   | Roll I                              |                    | 733  |  |
|--|--|--|---|---|--|---|-------------------------------------|--------------------|--|--|
|  | 2017016401659354   |  | Eligible  |   |  | В   | 13                                  | 4                  |  |  |
| Instru   | uction Medium:   |  |   |   |  | Nationality:  | India                               |                    |  |  |
|  |  |  |   | Student's Persor  | nal Informati  | on  |                                     |                    |  |  |
| Stud   | ent's Name: THAKUI   | R MANALI S   | ANJAY ALKA  |   |  | Mother's Name: Al   | LKA                                 | (                  | Gender: Female   |  |
|  | e in Vernacular Languaç  |  |   |   |  |   |                                     |                    |  |  |
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|  |  | LYAN, Distric  | ct: Thane, State: M   | laharashtra, PIN: 421204  | 1  |   |                                     |                    |  |  |
| Tele   | phone no.:   |  |   | ile no: 917045211291  | _  | Emai  | ii : Manali                         | THAKUR1            | 907@GMAIL.COM  |  |
| DOB  | : Jun 19, 1999   | Cat  | egory: Reserved (0  | OBC)  | Physically   | Handicap: No  |                                     |                    |  |  |
| Prev   | ious Latest Examination  | Details: Ser   | n IV(Regular-Rev1   | 6)  | Exam Even  | t: Apr-2019   | Se                                  | eat No: 067        | 70995 (Status: Pass)                                   |  |
| Exan   | n form appearance type:  | : Fresher  |   |   |  |   |                                     |                    |  |  |
| Pape   | er Details: Pleas  | se select Par  | per details which yo  | ou want to appear ( UA -  | University A   | ssessment,CA - Co   | llege Asses                         | sment)             |  |  |
| SN   | Paper Code   |  |   | Paper Name  |  |   |                                     |                    | AM - AT  |  |
| 1 86001 Operation Research   |  |  |   |   |  |   | Th-                                 | -UA [ ] ;Th-       | -CA[]  |  |
| 2  | 86004 HRM in Global Perspective  |  |   |   |  |   |                                     | Th-UA [];Th-CA []  |  |  |
| 3 86010 HRM in Service Sector Management   |  |  |   |   |  |   | Th-                                 | Th-UA [];Th-CA []  |  |  |
| 4 86016 Human Resource Accounting and Audit  |  |  |   |   |  |   | Th-                                 | Th-UA [] ;Th-CA [] |  |  |
| 5 86019 Indian Ethos in Management Th  |  |  |   |   |  |   | Th-                                 | -UA [ ] ;Th-       | -CA[]  |  |
| 6 UBMSFSVI.5 Project Work Pw-t   |  |  |   |   |  |   | w-UA [] ;Pw-CA []                   |                    |  |  |
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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|   | PRN:                     | Eligi                                 | ibility Status:       | Examination form<br>095305                             | 1 No.:                                  | Division/Section:                       | Roll No.                              | ا<br>ا:  | 9 0                  |  |
|---|--------------------------|---------------------------------------|-----------------------|--|---|---|---------------------------------------|--|----------------------|--|
| :   | 2017016401819204         | Р                                     | Provisional           |  | <u> </u>                                | В                                       | 119                                   | ı  | 28 megha             |  |
| nstrı   | uction Medium:           |                                       |                       |  |   | Nationality:                            | India                                 |  |                      |  |
|   |                          |                                       |                       | Student's Perso  | onal Informati                          | ion                                     |                                       |  |                      |  |
| Stude   | ent's Name: SANGH        | HAVI MEGHA                            | \ VIPUL               |  |   | Mother's Name: Cl                       | HHAYA                                 |  | Gender: Female       |  |
|   | e in Vernacular Langua   |                                       |                       |  |   |   |                                       |  |                      |  |
|   |                          |                                       |                       | AK RD, GHATKOPAR E                                     |   |   |                                       |  |                      |  |
|   |                          | a, District: Mı                       |                       | State: Maharashtra, PIN:                               | : 400077                                |   |                                       |  |                      |  |
|   | phone no.:               |                                       |                       | pile no: 919930039790                                  | <u> </u>                                |   | il : meghasang                        | havi12 <u>(</u>                                    | @gmail.com           |  |
|   | : Aug 12, 1999           |                                       | itegory: Open         |  | <del>, , , ,</del>                      | / Handicap: No                          |                                       |  |                      |  |
|   | ious Latest Examination  |                                       | m II(Regular-Rev16    | 3)   | Exam Even                               | nt: Apr-2019                            | Seat                                  | . No: 063  | 34276 (Status: Pass) |  |
|   | n form appearance type   |                                       |                       |  | 11.1                                    |   |                                       |  |                      |  |
|   |                          | ise select Pa                         | per details which y   | ou want to appear ( UA                                 | - University P                          | Assessment, CA - Co                     | ilege Assessm                         | nent)  |                      |  |
| SN  | Paper Code               |                                       |                       | Paper Name   |   |   |                                       | Th   | AM - AT              |  |
| 1   |                          | Operation Re                          |                       |  |   |   |                                       | A [ ] ;Th-   |                      |  |
| 2   |                          | · · · · · · · · · · · · · · · · · · · |                       |  |   |   |                                       | A [ ] ;Th-   |                      |  |
| 3   |                          |                                       |                       |  |   |   |                                       | Th-UA [] ;Th-CA [] Th-UA [] ;Th-CA []              |                      |  |
| 5 86019 Indian Ethos in Management Th-UA [] ;Th-CA [] |                          |                                       |                       |  |   |   |                                       |  |                      |  |
| 6   |                          |                                       |                       |  |   |   |                                       |  |                      |  |
| _   |                          | Project Work                          |                       |  | Trucm Form                              | Compart ato Ego                         | <del></del>                           | JA [];Pw   |                      |  |
|   | vocation Fee             |                                       | Exam Form Late        | ree  | Exam Form                               | Super Late Fee                          | Exam                                  | mination   | i Fees               |  |
| Mark  | Statement Fee            |                                       | Total:                | !  |   |   |                                       |  |                      |  |
| Payn  | ment Details:            | Amount Recei                          | ived:                 | Col  | lege Receipt                            | No. and Date:                           |                                       |  |                      |  |
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| Venu  | ue Preference (Code/Na   | ame):                                 |                       |  |   |   |                                       |  |                      |  |
| To, T   | The Controller of Examin | nation,                               |                       |  |   |   |                                       | Place:   | Vidyavihar           |  |
|   |                          |                                       |                       | nination. I have remitted<br>complete and correct to   |   |   |                                       | Date:  |                      |  |
| have  | gone through the syllal  | abus and the l                        | list of books prescri | ibed for the examination                               | n for which I a                         | am appearing. I shall                   | not                                   | <u> </u>   |                      |  |
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|   | aration by Principal/HO  | -                                     |                       | Ti information n                                       | 1 · I · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·   | · · · · · · · · · · · · · · · · · · · | بماديا   | S. C. Gardana        |  |
|   |                          |                                       |                       | y me. The information pr<br>le/she is regular student  |   |   |                                       |  |                      |  |
|   | se/term work (if any) ac |                                       |                       | 5,5,12 12 12 <b>3</b>                                  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |  | and and process      |  |
|   |                          |                                       |                       | <u> </u>   |   |   |                                       |  |                      |  |
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| Date  | :                        |                                       |                       |  | ·                                       | ļ                                       | ١                                     |  | _                    |  |
|   |                          |                                       |                       | College Sta  | College Staff Signature                 |   |                                       | Seal and Signature of<br>Principal/HOD/Chairperson |                      |  |



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|  | PRN:  | Eligi                                  | bility Status:      | Examination for 095306   | m No.:                   | Division/Section:     | Roll No        | .:                        | ZHM                  |  |
|--|---|--|---------------------|--------------------------|--------------------------|-----------------------|----------------|---------------------------|----------------------|--|
|  | 2017016401819212  | Р                                      | rovisional          |                          |                          | С                     | 180            |                           | ZHIII                |  |
| Instru   | uction Medium:  |  |                     |                          |                          | Nationality:          | India          |                           |                      |  |
|  |   |  |                     | Student's Pers           | sonal Informati          | on                    |                |                           |                      |  |
| Stud   | ent's Name: <b>MEHT</b>   | A ZARNA HIT                            | ESH                 |                          |                          | Mother's Name: V      | ANDANA         | (                         | Gender: Female       |  |
| Nam  | e in Vernacular Langua  | age:मेहता झरी                          | ाना हितेश           |                          |                          |                       |                |                           |                      |  |
| Addr   | ess: 408 doshi wadi o   | pp sarvoday l                          | nospital lbs marg g | hatkopar west            |                          |                       |                |                           |                      |  |
| City:  | City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 |  |                     |                          |                          |                       |                |                           |                      |  |
| Tele   | elephone no.:   Mobile no: 919221110577   Email : zarnamehta66@yahoo.in                 |  |                     |                          |                          |                       |                |                           |                      |  |
| DOB: Dec 18, 1999 Category: Open Physically Handicap: No |   |  |                     |                          |                          |                       |                |                           |                      |  |
| Prev   | ious Latest Examinatio  | n Details: Se                          | m IV(Regular-Rev    | (6)                      | Exam Even                | t: Apr-2019           | Seat           | t No: 066                 | 68616 (Status: Pass) |  |
| Exan   | n form appearance typ   | e: Fresher                             |                     |                          |                          |                       |                |                           |                      |  |
| Pape   | er Details: Plea  | ase 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  | 86001   | Operation Re                           | esearch             |                          |                          |                       | Th-U           | A [ ] ;Th-                | CA[]                 |  |
| 2  | 86002   | 36002 International Finance Th-UA [];T |                     |                          |                          |                       |                |                           | CA[]                 |  |
| 3  |   |  |                     |                          |                          |                       |                |                           |                      |  |
| 4 86011 Strategic Financial Management Th-UA [];Th-CA [] |   |  |                     |                          |                          |                       |                |                           |                      |  |
| 5 86017 Indirect Taxes Th-UA [                           |   |  |                     |                          |                          |                       |                |                           |                      |  |
| 6 UBMSFSVI.5 Project Work Pw-UA []; Pw-CA []             |   |  |                     |                          |                          |                       |                | r-CA []                   |                      |  |
|  | ocation Fee   |  | Exam Form Late      | Fee                      | Exam Form Super Late Fee |                       |                | mination                  | Fees                 |  |
| Mark   | Statement Fee   |  | Total:              |                          |                          |                       |                |                           |                      |  |
| Pavr   | nent Details:   | Amount Rece                            | ived:               | Co                       | ollege Receipt           | No. and Date:         |                |                           |                      |  |
| DD N   |   |  | MICR No:            |                          | DD Date:                 |                       |                | Bank:                     |                      |  |
| Cent   | er Preference (Code/N   | lame):                                 | L                   |                          | 1                        |                       |                |                           |                      |  |
| Venu   | ie Preference (Code/N   | ame):                                  |                     |                          |                          |                       |                |                           |                      |  |
| To, T  | he Controller of Exam   | ination,                               |                     |                          |                          |                       |                | Place:                    | Vidyavihar           |  |
| l req  | uest permission to pres   | sent myself fo                         | r the ensuing exar  | nination. I have remitte | d the prescribe          | ed fee for the same.  | I hereby       | D                         | •                    |  |
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| requ   | est for any special con-  | cession such                           | as change in time   | or day fixed for univers | sity Examination         | n etc. on religious o | r any          |                           |                      |  |
|  | ground. I understand elled or rejected.   | that in the ev                         | ent of any informat | on being found false o   | r incorrect, my          | candidature is liable | e to be        |                           |                      |  |
| caric  | elied of rejected.  |  |                     |                          |                          |                       |                | St                        | udent's Signature    |  |
| Deck   | aration by Principal/HC   | D/Chairperso                           | on                  |                          |                          |                       |                |                           |                      |  |
|  | form is carefully scruting  |  |                     |                          |                          |                       |                |                           |                      |  |
|  | onsibility of fulfillment/r<br>se/term work (if any) ac                                 |  |                     | e/she is regular studer  | nt of this Colle         | ge and has complete   | d the required | d attenda                 | ance and practical   |  |
|  |   |  |                     |                          |                          |                       |                |                           |                      |  |
| Place  | <b>9</b> :  |  |                     |                          |                          |                       |                |                           |                      |  |
|  |   |  |                     | _                        |                          |                       |                |                           |                      |  |
| Date   | :   |  |                     |                          |                          |                       |                |                           |                      |  |
|  |   |  |                     | College S                | taff Signature           |                       |                |                           | nature of            |  |
|  |   |  |                     |                          |                          |                       |                | Principal/HOD/Chairperson |                      |  |



Date:

#### University of Mumbai, Mumbai

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|       | PRN:                     | Eligi           | bility Status:      | 095307   |                 | Division/Secti   | ion:           | Roll No.:     | a jourch                                |  |  |
|-------|--------------------------|-----------------|---------------------|--|-----------------|------------------|----------------|---------------|---|--|--|
|       | 2017016401819266         | Р               | rovisional          |  |                 | Α                |                | 47            | W. F. Rojawat                           |  |  |
| Instr | uction Medium:           |                 |                     |  |                 | Nationality:     | India          |               |   |  |  |
|       |                          |                 |                     | Student's Perso                                    | onal Informati  | on               |                |               |   |  |  |
| Stud  | ent's Name: RAJAW        | /AT VRUTI       | KIRAN               |  |                 | Mother's Nar     | me: MAMTA      |               | Gender: Female                          |  |  |
| Nam   | e in Vernacular Langua   | ige:राजवट       | वृत्ती किरण         |  |                 |                  |                |               |   |  |  |
| Addr  | ess: 308 /701 - 702 trik | al build 90ft   | road pant nagar gl  | natkopar east                                      |                 |                  |                |               |   |  |  |
| City: | mumbai, Taluka: Kurla    | , District: Mu  | mbai Suburban, St   | ate: Maharashtra, PIN:                             | 400075          |                  |                |               |   |  |  |
| Tele  | phone no.:               |                 | Mob                 | ile no: 919004392898                               |                 |                  | Email : chin   | urajawat123@  | gmail.com                               |  |  |
| DOB   | : Jul 10, 1999           | Ca              | tegory: Open        |  | Physically      | Handicap: No     | )              |               |   |  |  |
| Prev  | ious Latest Examination  | n Details: Se   | m IV(Regular-Rev    | 16)  | Exam Even       | t: Apr-2019      |                | Seat No: 06   | 668696 (Status: Pass)                   |  |  |
|       | n form appearance type   | e: Fresher      |                     |  |                 |                  |                |               |   |  |  |
| Pape  | er Details: Plea         | ise select Pa   | per details which y | ou want to appear ( UA                             | - University A  | Assessment,C/    | A - College A  | ssessment)    |   |  |  |
| SN    | Paper Code               |                 |                     | Paper Name   |                 |                  |                |               | AM - AT                                 |  |  |
| 1     | 86001                    | Operation Re    | esearch             |  | Th              |                  |                |               | n-CA[]                                  |  |  |
| 2     | 86003                    | Brand Manag     | gement              |  |                 |                  |                | Th-UA[];Th    | • |  |  |
| 3     | 86006                    | Retail Manaç    | gement              |  |                 |                  |                |               | h-UA [] ;Th-CA []                       |  |  |
| 4     | 86009                    | International   | Marketing           |  |                 |                  |                | Th-UA[];Th    | i-CA[]                                  |  |  |
| 5     | 86012                    | Media Plann     | ing and Managem     | ent  |                 |                  |                | Th-UA [ ] ;Th | 1-CA[]                                  |  |  |
| 6     | UBMSFSVI.5               | Project Work    | (                   |  |                 |                  |                | Pw-UA [ ] ;P  | w-CA []                                 |  |  |
| Conv  | ocation Fee              |                 | Exam Form Late      | Fee  | Exam Form       | Super Late Fe    | e              | Examinatio    | n Fees                                  |  |  |
| Mark  | Statement Fee            |                 | Total:              |  |                 |                  |                |               |   |  |  |
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|       |                          | mount Rece      | MICR No:            |  | DD Date:        | No. and Date:    |                | Bank:         |   |  |  |
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|       | ue Preference (Code/Na   |                 |                     |  |                 |                  |                |               |   |  |  |
|       | The Controller of Exami  |                 |                     |  |                 |                  |                | - In-         |   |  |  |
|       |                          | •               | r the encuing even  | nination. I have remitted                          | the proceribe   | ad foo for the c | rama Lharah    | Place:        | Vidyavihar                              |  |  |
|       |                          |                 |                     | complete and correct to                            |                 |                  |                | Date:         |   |  |  |
|       |                          |                 |                     | ibed for the examination                           |                 |                  |                |               |   |  |  |
|       |                          |                 |                     | or day fixed for universition being found false or |                 |                  |                |               |   |  |  |
|       | elled or rejected.       |                 | •                   | · ·  |                 |                  |                |               | tudont'a Cianatura                      |  |  |
| Dool  | aration by Principal/HO  | D/Chairners     |                     |  |                 |                  |                |               | tudent's Signature                      |  |  |
|       |                          |                 |                     | / me. The information p                            | rinted in the f | orm is correct   | to the best of | my knowloda   | o. Lalso undortako tho                  |  |  |
| resp  |                          | ectification of | the information. H  | e/she is regular student                           |                 |                  |                |               |   |  |  |
| Place | e:                       |                 |                     |  |                 |                  |                |               |   |  |  |



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

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|----------|--------------------------|-----------------|----------------------|---|----------------|-----------------------|---------------------------|-------------------|---------------------|--|
|          | 2017016401819282         |                 | Eligible             |   | II             | Α                     | 18                        |                   |                     |  |
| Instr    | uction Medium:           | •               |                      |   |                | Nationality:          | India                     |                   |                     |  |
|          |                          |                 |                      | Student's Perso                                       | onal Informati | on                    |                           |                   |                     |  |
| Stud     | ent's Name: PARTH        | d GANDHI        |                      |   |                | Mother's Name: S      | ONAL                      | (                 | Gender: Male        |  |
| Nam      | e in Vernacular Langua   | age:PARTH       |                      |   |                |                       |                           |                   |                     |  |
| Addr     | ess: ambica shrwagi pl   | lot             |                      |   |                |                       |                           |                   |                     |  |
| City:    | akola, Taluka: Akola, [  | District: Akola | , State: Maharasht   | ra, PIN: 444001                                       |                |                       |                           |                   |                     |  |
| Tele     | ohone no.: 2422436       |                 | Mob                  | ile no: 917768859437                                  |                | Ema                   | il : parthgandh           | i109@g            | mail.com            |  |
| DOB      | : Jul 01, 1998           | Cat             | tegory: Open         |   | Physically     | Handicap: No          |                           |                   |                     |  |
| Prev     | ious Latest Examinatio   | n Details: Sei  | m IV(Regular-Rev1    | 16)   | Exam Even      | t: Apr-2019           | Seat                      | : No: 910         | 0095 (Status: Pass) |  |
| 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        | 86001                    | Operation Re    | esearch              |   |                | Th-U                  | 4 [ ] ;Th-                | CA[]              |                     |  |
| 2        | 86003                    | Brand Manag     | gement               |   |                | Th-U                  | ۲ [ ] ;Th-                | CA[]              |                     |  |
| 3        | 86006                    | Retail Manag    | jement               |   |                | Th-U                  | ۲ [ ] ;Th-                | CA[]              |                     |  |
| 4        | 86009                    | International   | Marketing            |   |                |                       |                           | Th-UA [];Th-CA [] |                     |  |
| 5        | 86012                    | Media Plann     | ing and Manageme     | ent   | nt             |                       |                           | 4 [ ] ;Th-        | CA[]                |  |
| 6        | UBMSFSVI.5               | Project Work    | <u> </u>             |   |                |                       | Pw-U                      | A [ ] ;Pw         | /-CA [ ]            |  |
| Conv     | ocation Fee              |                 | Exam Form Late       | ee Exam Form Super Late Fee                           |                |                       | Exar                      | mination          | Fees                |  |
| Mark     | Statement Fee            |                 | Total:               |   |                |                       |                           |                   |                     |  |
| Pavr     | nent Details:            | Amount Rece     | ived:                | Coll  | lege Receipt   | No. and Date:         |                           |                   |                     |  |
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|          | er Preference (Code/N    | lame):          |                      |   |                |                       | -                         |                   |                     |  |
|          | ie Preference (Code/N    |                 |                      |   |                |                       |                           |                   |                     |  |
|          | he Controller of Exami   | •               |                      |   |                |                       |                           | Place:            | Vidyavihar          |  |
|          |                          |                 | r the ensuing exan   | nination. I have remitted                             | the prescribe  | ed fee for the same.  | I hereby                  |                   | Vidyaviilai         |  |
|          |                          |                 |                      | complete and correct to                               |                |                       |                           | Date:             |                     |  |
|          |                          |                 |                      | ibed for the examinatior<br>or day fixed for universi |                |                       |                           |                   |                     |  |
| othe     | ground. I understand     | that in the eve | ent of any informati | ion being found false or                              | incorrect, my  | candidature is liable | e to be                   |                   |                     |  |
| canc     | elled or rejected.       |                 |                      |   |                |                       |                           | St                | udent's Signature   |  |
| Decl     | aration by Principal/HC  | D/Chairperso    | on .                 |   |                |                       |                           |                   |                     |  |
|          |                          |                 |                      | / me. The information pre/she is regular student      |                |                       |                           |                   |                     |  |
|          | se/term work (if any) ac |                 |                      |   |                |                       |                           |                   |                     |  |
| Plac     | e:                       |                 |                      |   |                |                       |                           |                   |                     |  |
| <u> </u> |                          |                 |                      | -   |                |                       |                           |                   |                     |  |
| Date:    |                          |                 |                      | College Staff Signature                               |                |                       | Seal and Signature of     |                   |                     |  |
|          |                          |                 |                      | 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.

Examination form No.:

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

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|            | PRN:                      | Eligi                          | ibility Status:                           | Examination form No.: 095309                            | Division/Section:       | Roll No.            | u.:             | ah in  |                      |  |
|------------|---------------------------|--------------------------------|---|---|-------------------------|---------------------|-----------------|--|----------------------|--|
|            | 2017016401819297          | Р                              | Provisional                               |   | III                     | В                   | 125             |  | H-                   |  |
| Instru     | uction Medium:            |                                |   |   |                         | Nationality:        | India           |  |                      |  |
|            |                           |                                |   | Student's Perso   | onal Informati          | on                  |                 |  |                      |  |
| Stud       | lent's Name: SIMON        | N KEWIN THO                    | DMAS                                      |   |                         | Mother's Name: Cl   | HRISTINA        |  | Gender: Male         |  |
| Nam        | e in Vernacular Langua    | age:SIMON K                    | CEWIN THOMAS                              |   |                         |                     |                 |  |                      |  |
| Addr       | ess: 302/1, PHASE 5 B     | 3RAHMAND (                     | GHODBUNDER R                              | OAD THANE WEST OF                                       | FF GB ROAD              | ı                   |                 |  |                      |  |
| City:      | THANE, Taluka: Thane      | e, District: Th                | ane, State: Mahar                         | ashtra, PIN: 400607                                     |                         |                     |                 |  |                      |  |
| Teler      | phone no.:                |                                | Mor                                       | oile no: 918433883183                                   |                         | Emai                | il : kewineleve | n258@g   | gmail.com            |  |
| DOB        | 3: Mar 13, 1999           | Car                            | tegory: Open                              |   | Physically              | Handicap: No        |                 |  |                      |  |
| Previ      | rious Latest Examinatior  | n Details: Se                  | m IV(Regular-Rev                          | 16)   | Exam Even               | t: Apr-2019         | Seat            | i No: 066  | 68758 (Status: Pass) |  |
| Exan       | m form appearance type    | e: Fresher                     |   |   |                         |                     |                 |  |                      |  |
| Pape       | er Details: Plea          | ase select Par                 | per details which y                       | ou want to appear ( UA                                  | - University A          | Assessment,CA - Co  | llege Assessm   | nent)  |                      |  |
| SN         | Paper Code                | <u></u>                        |   | Paper Name  |                         |                     |                 |  | AM - AT              |  |
| 1          | 86001                     | Operation Re                   | esearch                                   |   |                         | Th-U/               | A [ ] ;Th-      | CA[]   |                      |  |
| 2          | 86004                     | HRM in Glob                    | oal Perspective                           |   |                         | Th-U/               | A [ ] ;Th-      | CA[]   |                      |  |
| 3          | 86010                     | HRM in Serv                    | vice Sector Manage                        | nent -  |                         |                     |                 | A [ ] ;Th-   | CA[]                 |  |
| 4          | 86016                     | Human Resc                     | ource Accounting a                        | ind Audit   | d Audit                 |                     |                 | Th-UA [];Th-CA []                                  |                      |  |
| 5          | 86019                     | Indian Ethos                   | in Management                             |   |                         |                     | Th-U/           | A [ ] ;Th-   | CA[]                 |  |
| 6          | UBMSFSVI.5                | Project Work                   | <   |   |                         |                     | Pw-U            | A[];Pw   | r-CA []              |  |
| Conv       | vocation Fee              |                                | Exam Form Late                            | Fee   | Exam Form               | Super Late Fee      | Exar            | mination   | Fees                 |  |
| Mark       | Statement Fee             |                                | Total:                                    |   |                         |                     |                 |  |                      |  |
|            |                           |                                |   |   |                         |                     |                 |  |                      |  |
|            |                           | Amount Recei                   | 1   | <u>_</u>  | · · · · · ·             | No. and Date:       |                 |  |                      |  |
| DD N       |                           |                                | MICR No:                                  |   | DD Date:                |                     | Bank            | :  |                      |  |
|            | ter Preference (Code/Na   |                                |   |   |                         |                     |                 |  |                      |  |
|            | ue Preference (Code/Na    |                                |   |   |                         |                     |                 |  |                      |  |
|            | The Controller of Examin  | •                              |   |   |                         |                     |                 | Place:   | Vidyavihar           |  |
| decla      | are that all statement ma | nade in this ap                | pplication are true,                      | mination. I have remitted complete and correct to       | the best of m           | ny knowledge and be | elief. I        | Date:  |                      |  |
|            |                           |                                |   | ribed for the examination<br>or day fixed for universit |                         |                     |                 |  |                      |  |
| other      | r ground. I understand t  |                                |   | ion being found false or                                |                         |                     |                 |  |                      |  |
| canc       | celled or rejected.       |                                |   |   |                         |                     |                 | Stı  | udent's Signature    |  |
| Deck       | aration by Principal/HO   | D/Chairperso                   | on  |   |                         |                     |                 |  | -                    |  |
| This respo | form is carefully scrutin | nized by the Crectification of | College staff and by f the information. H | y me. The information pr<br>le/she is regular student   |                         |                     |                 |  |                      |  |
| Place      | e:                        |                                |   |   |                         |                     |                 |  |                      |  |
| Date       | ı:                        |                                |   |   |                         |                     | 0  0  0         |  |                      |  |
|            |                           |                                |   | College Sta   | College Staff Signature |                     |                 | Seal and Signature of<br>Principal/HOD/Chairperson |                      |  |



#### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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|--------|--|-------------------|--|---|--|-------------------------|---------------------------|--------------------|-------------------------|--|
|        | PRN:   | Eligi             | ibility Status:                        | Examination f<br>09531                        | 10   | Division/Section:       | Roll No                   | ).:<br>            | who.                    |  |
| 2      | 2017016401819301                                       |                   | Eligible                               |   |  | С                       | 152                       |                    | LES.                    |  |
| nstrı  | uction Medium:   | -                 |  |   |  | Nationality:            | India                     |                    |                         |  |
|        |  |                   |  | Student's P                                   | ersonal Informati                                    | on                      |                           |                    |                         |  |
| Stude  | ent's Name: AGRA                                       | WAL KAJAL F       | PRADIP                                 |   |  | Mother's Name: SA       | APANA                     |                    | Gender: Female          |  |
| Nam    | e in Vernacular Langua                                 | ıage:अग्रवाल व    | गजल प्रदीप                             |   |  |                         |                           |                    |                         |  |
| Addr   | ess: SAI SUMAN B/60                                    | )3, NEAR RE       | LIANCE FRESH, \                        | IKROLI EAST                                   |  |                         |                           |                    |                         |  |
| City:  | MUMBAI, Taluka: Kur                                    | rla, District: Mı | umbai Suburban, S                      | tate: Maharashtra, F                          | PIN: 400083  |                         |                           |                    |                         |  |
| Teler  | phone no.:   |                   | Mot                                    | oile no: 91970262639                          | 93   | Emai                    | l : kajalagraw            | al19120            | 000@gmail.com           |  |
|        | : Jan 19, 2000   |                   | tegory: Open                           |   |  | Handicap: No            |                           |                    |                         |  |
| Previ  | ious Latest Examinatio                                 | วท Details: Se    | m IV(Regular-Rev                       | ·6)   | Exam Event: Apr-2019 Seat No: 0668588 (Status: Pass) |                         |                           |                    |                         |  |
|        | n form appearance typ                                  |                   |  |   |  |                         |                           |                    |                         |  |
| Pape   | er Details: Plea                                       | ase select Pa     | per details which y                    | ou want to appear (                           | UA - University A                                    | Assessment,CA - Col     | Ilege Assessn             | nent)              |                         |  |
| SN     | Paper Code   |                   |  | Paper Nar                                     | me   |                         |                           |                    | AM - AT                 |  |
| 1      | 86001  | Operation Re      | esearch                                |   |  |                         | Th-U/                     | A [ ] ;Th-         | -CA[]                   |  |
| 2      | 86002  | International     | Finance                                |   |  |                         | Th-U/                     | A [ ] ;Th-         | -CA[]                   |  |
| 3      | 86008  | Project Mana      | <del></del>                            |   |  |                         |                           | A [ ] ;Th-         |                         |  |
| 4      | 86011  | Strategic Fin     | nancial Managemer                      | <u>ıt                                    </u> |  |                         |                           | Th-UA [] ;Th-CA [] |                         |  |
| 5      | 86017  | Indirect Taxe     |  |   |  |                         |                           | A [ ] ;Th-         |                         |  |
| 6      | UBMSFSVI.5   | Project Work      |  |   |  |                         | Pw-U                      | JA [ ] ;Pw         | v-CA []                 |  |
| Conv   | ocation Fee  |                   | Exam Form Late                         | Fee   | Exam Form  | Super Late Fee          | Exar                      | mination           | ı Fees                  |  |
| Mark   | Statement Fee  |                   | Total:                                 |   |  |                         |                           |                    |                         |  |
| Pavn   | nent Details:  | Amount Recei      | ived.                                  |   | College Receipt                                      | No. and Date:           |                           |                    |                         |  |
| DD N   |  | 7 Willouis        | MICR No:                               |   | DD Date:   | No. and Bate.           | Bank                      |                    |                         |  |
|        | er Preference (Code/N                                  | Name):            | 1                                      |   |  |                         |                           | ·                  |                         |  |
|        | ue Preference (Code/N                                  |                   |  |   |  |                         |                           |                    |                         |  |
|        | he Controller of Exam                                  | · ·               |  |   |  |                         |                           | Place:             | Vidyavihar              |  |
| l requ | uest permission to pres                                | sent myself fc    | or the ensuing exar                    | nination. I have remi                         | itted the prescribe                                  | ed fee for the same.    | I hereby                  | I_                 | •1-,-···-               |  |
| decla  | are that all statement me gone through the sylla       | made 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 con-                               | ncession such     | as change in time                      | or day fixed for unive                        | ersity Examinatio                                    | on etc. on religious or | r any                     |                    |                         |  |
| other  | r ground. Í understand<br>elled or rejected.           |                   |  |   |  |                         |                           |                    |                         |  |
| Canc   | alled or rejected.                                     |                   |  |   |  |                         |                           | St                 | tudent's Signature      |  |
| Decla  | aration by Principal/HC                                | OD/Chairpers      | on                                     |   |  |                         |                           |                    |                         |  |
| This   | form is carefully scruting                             | inized by the C   | College staff and by                   | me. The informatio                            | on printed in the f                                  | orm is correct to the   | best of my kn             | owledge            | e. I also undertake the |  |
|        | onsibility of fulfillment/r<br>se/term work (if any) a |                   |  | e/she is regular stud                         | lent of this Collect                                 | je and has complete     | d the required            | d attenda          | ance and practical      |  |
| Louis  |  |                   | —————————————————————————————————————— |   |  |                         | _                         |                    |                         |  |
| Place  | a·   |                   |  |   |  |                         | l                         |                    |                         |  |
|        |  |                   |  | _   |  |                         | İ                         |                    |                         |  |
| Date:  | •  |                   |  |   |  |                         | l                         |                    |                         |  |
|        |  |                   |  | College Staff Signature                       |  |                         | Seal and Signature of     |                    |                         |  |
|        |  |                   |  | Conlege Stan Cignature                        |  |                         | Principal/HOD/Chairperson |                    | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|--|--|-----------------|-------------------------|-------------------------|---------------------|--|----------------|--------------------|----------------------|--|
|  | 2017016401819324                                   |                 | Eligible                |                         |                     | В  | 99             |                    | the.                 |  |
| Instr  | uction Medium:                                     | •               |                         |                         |                     | Nationality:                                       | India          |                    |                      |  |
|  |  |                 |                         | Student's Pe            | ersonal Informati   | on   |                |                    |                      |  |
| Stud   | ent's Name: KHUDE                                  | AMIT SWA        | ROOP                    |                         |                     | Mother's Name: JY                                  | OTI            | (                  | Gender: Male         |  |
| Nam  | e in Vernacular Langua                             | ige:खुडे अमित   | न स्वरूप                |                         |                     |  |                |                    |                      |  |
| Addr   | ess: 109, MANGAL MU                                | JRTI CHS, BI    | JILDING NO 2B O         | PP MAHARASHTRA          | A NAGAR, TURE       | E MANDAL, MANK                                     | HURD EAST      | •                  |                      |  |
| City:  | MUMBAI, Taluka: Kurl                               | a, District: Mu | umbai Suburban, S       | tate: Maharashtra, F    | PIN: 400088         |  |                |                    |                      |  |
| Tele   | phone no.:   |                 | Mot                     | ile no: 91976840039     | 98                  | Emai   | I : AMITKHUI   | DE05@G             | GMAIL.COM            |  |
| DOB  | : Apr 27, 2000                                     | Ca              | tegory: Reserved (      | SC)                     | Physically          | Handicap: No                                       |                |                    |                      |  |
| Prev   | ious Latest Examination                            | n Details: Se   | m IV(Regular-Rev        | (6)                     | Exam Even           | t: Apr-2019  | Sea            | t No: 066          | 68734 (Status: Pass) |  |
| Exar   | n form appearance type                             | e: Fresher      |                         |                         |                     |  |                |                    |                      |  |
| Pape   | er Details: Plea                                   | ise select Pa   | per details which y     | ou want to appear (     | UA - University A   | Assessment,CA - Co                                 | llege Assessr  | ment)              |                      |  |
| SN   | Paper Code   |                 |                         | Paper Nar               | me                  |  |                |                    | AM - AT              |  |
| 1  | 86001  | Operation Re    | esearch                 |                         |                     |  | Th-U           | A [ ] ;Th-         | CA[]                 |  |
| 2  |  |                 | al Perspective          |                         |                     |  | Th-U           | A [ ] ;Th-         | CA[]                 |  |
| 3  |  |                 | ice Sector Manage       | ement                   |                     |  |                | Th-UA [] ;Th-CA [] |                      |  |
| 4  |  | Human Reso      | ource Accounting a      |                         |                     |  |                | Th-UA [];Th-CA []  |                      |  |
| 5 86019 Indian Ethos in Management Th-UA [];Th-CA [] |  |                 |                         |                         |                     |  |                |                    |                      |  |
| 6  | UBMSFSVI.5   | Project Work    |                         |                         |                     |  | Pw-U           | JA [];Pw           | /-CA [ ]             |  |
|  | ocation Fee  |                 | Exam Form Late          | Fee                     | Exam Form           | Super Late Fee                                     | Exa            | mination           | Fees                 |  |
| Mark   | Statement Fee                                      |                 | Total:                  |                         |                     |  |                |                    |                      |  |
| Pavr   | nent Details:                                      | Amount Rece     | ived:                   | T.                      | College Receipt     | No. and Date:                                      |                |                    |                      |  |
| DD N   |  |                 | MICR No:                |                         | DD Date:            |  | Bank           | <b>C</b> :         |                      |  |
|  | er Preference (Code/Na                             | ame):           | I                       |                         |                     |  |                |                    |                      |  |
|  | ue Preference (Code/Na                             |                 |                         |                         |                     |  |                |                    |                      |  |
| To, 1  | he Controller of Exami                             | nation,         |                         |                         |                     |  |                | Place:             | Vidyavihar           |  |
|  | uest permission to pres                            |                 |                         |                         |                     |  |                |                    | ,                    |  |
|  | are that all statement m<br>gone through the sylla |                 |                         |                         |                     |  |                | Date:              |                      |  |
|  | est for any special cond                           |                 |                         |                         |                     |  |                |                    |                      |  |
|  | r ground. I understand t                           | hat in the eve  | ent of any informat     | on being found false    | e or incorrect, my  | candidature is liable                              | e to be        |                    |                      |  |
| cancelled or rejected.                               |  |                 |                         |                         |                     |  |                | St                 | udent's Signature    |  |
| Declaration by Principal/HOD/Chairperson             |  |                 |                         |                         |                     |  |                |                    |                      |  |
|  | form is carefully scruting                         |                 |                         |                         |                     |  |                |                    |                      |  |
|  | se/term work (if any) ac                           |                 |                         | e/sile is regular stud  | ient of this Collet | ge and has complete                                | u trie require | u allenua          | ance and practical   |  |
| Dles   | ··   |                 |                         |                         |                     |  |                |                    |                      |  |
| Place  | <del>⊍</del> .                                     |                 |                         |                         |                     |  |                |                    |                      |  |
| Det  |  |                 |                         |                         |                     |  |                |                    |                      |  |
| Date:  |  |                 |                         | College Staff Signature |                     | Seal   | and Sign       | nature of          |                      |  |
|  |  |                 | College Starr Signature |                         |                     | Seal and Signature of<br>Principal/HOD/Chairperson |                |                    |                      |  |



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

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Examination form No.:



|       | PRN:                                | Eligi'           | ibility Status:       | 095312   | ii ivo                        | Division/Section:       | Roll No           | 0.:                     | - 262                      |  |  |
|-------|-------------------------------------|------------------|-----------------------|--|-------------------------------|-------------------------|-------------------|-------------------------|----------------------------|--|--|
| :     | 2017016401819332                    |                  | Eligible              |  | <b>/</b>                      | С                       | 157               | ,                       | Disha                      |  |  |
| nstrı | uction Medium:                      |                  |                       |  |                               | Nationality:            | India             |                         |                            |  |  |
|       |                                     |                  |                       | Student's Perso  | onal Informati                | ion                     |                   |                         |                            |  |  |
| Stude | ent's Name: BHANU                   | USHALI DISH      | IA ANIL               |  |                               | Mother's Name: AF       | RUNA              | (                       | Gender: Female             |  |  |
|       | e in Vernacular Langua              | - <b>-</b>       |                       |  |                               |                         |                   |                         |                            |  |  |
|       | ress: 2903, ROSEWOO<br>MBAI- 400078 | D BUILDING       | , TOWER 3, RUN        | WAL GREENS, NEAR I   | FORTIS HOS                    | SPITAL, MULUND G        | OREGAON I         | LINK ROA                | AD, MULUND WEST,           |  |  |
| City: | Mumbai, Taluka: Kurla               | ı, District: Mu  | mbai Suburban, St     | ate: Maharashtra, PIN:   | 400078                        |                         |                   |                         |                            |  |  |
| eler  | phone no.:                          |                  | Mob                   | nile no: 919619699830  |                               | Emai                    | l : dishabhar     | nushali26               | 9@gmail.com                |  |  |
| ОВ    | 3: Sep 26, 1999                     | Cat              | tegory: Open          |  | Physically                    | / Handicap: No          |                   |                         |                            |  |  |
| revi  | ious Latest Examination             | n Details: Ser   | m IV(Regular-Rev1     | 6)   | Exam Even                     | nt: Apr-2019            | Sea               | at No: 066              | 68594 (Status: Pass)       |  |  |
| xan   | n form appearance type              | e: Fresher       |                       |  |                               |                         |                   |                         |                            |  |  |
| арє   | er Details: Plea                    | ase select Pa    | per details which y   | ou want to appear ( UA   | - University F                | Assessment,CA - Co      | llege Assess      | sessment)               |                            |  |  |
| SN    | Paper Code                          | Ī                |                       | Paper Name   |                               |                         |                   | AM - AT                 |                            |  |  |
| 1     | 86001                               | Operation Re     | esearch               |  |                               | Th-l                    | JA [ ] ;Th-       | -CA[]                   |                            |  |  |
| 2     | 86002                               | International    | Finance               |  |                               | Th-l                    | JA [ ] ;Th-       | -CA[]                   |                            |  |  |
| 3     | 86008                               | Project Mana     | agement               |  |                               | Th-l                    | Th-UA [];Th-CA [] |                         |                            |  |  |
| 4     | 86011                               | Strategic Fin    | ancial Managemer      | nt   |                               |                         |                   |                         | Th-UA[];Th-CA[]            |  |  |
| 5     | 86017                               | Indirect Taxe    | ÷s                    |  |                               |                         | Th-l              | JA [ ] ;Th-             | -CA[]                      |  |  |
| 6     | UBMSFSVI.5                          | Project Work     |                       |  |                               |                         |                   |                         | v-CA []                    |  |  |
| Conv  | vocation Fee                        |                  | Exam Form Late I      | Fee  | ee Exam Form Super Late Fee   |                         |                   | amination               | ı Fees                     |  |  |
| /lark | Statement Fee                       |                  | Total:                | -  |                               |                         |                   |                         |                            |  |  |
|       |                                     |                  |                       |  |                               |                         |                   |                         |                            |  |  |
|       |                                     | Amount Recei     | T                     |  | College Receipt No. and Date: |                         |                   |                         |                            |  |  |
| DD N  |                                     |                  | MICR No:              |  | DD Date:                      |                         | Ban               | ık:                     |                            |  |  |
|       | ter Preference (Code/Na             |                  |                       |  |                               |                         |                   |                         |                            |  |  |
|       | ue Preference (Code/Na              | •                |                       |  |                               |                         |                   |                         |                            |  |  |
| o, T  | The Controller of Examin            | nation,          |                       |  |                               |                         |                   | Place:                  | Vidyavihar                 |  |  |
| lecla | are that all statement ma           | nade in this ap  | pplication are true,  | nination. I have remitted<br>complete and correct to<br>ibed for the examination | o the best of m               | ny knowledge and be     | elief. I          | Date:                   |                            |  |  |
| eque  | est for any special conc            | cession such     | as change in time     | or day fixed for universit   | ity Examinatio                | on etc. on religious or | r any             |                         |                            |  |  |
| ther  | r ground. I understand t            | that in the eve  | ent of any informati  | ion being found false or   | incorrect, my                 | / candidature is liable | e to be           |                         |                            |  |  |
|       | elled or rejected.                  |                  |                       |  |                               |                         |                   | St                      | tudent's Signature         |  |  |
|       | aration by Principal/HO             |                  |                       |  |                               |                         |                   |                         |                            |  |  |
| espo  |                                     | rectification of | f the information. He | y me. The information pr<br>e/she is regular student                             |                               |                         |                   |                         |                            |  |  |
| Place | ə:<br>                              |                  |                       |  |                               |                         |                   |                         |                            |  |  |
| Date  | :                                   |                  |                       | College St   | taff Signature                |                         |                   | I and Sigr<br>cipal/HO[ | nature of<br>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.

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

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|   |   |                  |                      | = sectionalism /        | C. L. NIL.          |                         | 1                |             |                         |
|---|---|------------------|----------------------|-------------------------|---------------------|-------------------------|------------------|-------------|-------------------------|
|   | PRN:  | Eligi            | ibility Status:      | Examination f<br>09531  | 13                  | Division/Section:       | Roll No          | <b>)</b> .: | Ondelran                |
| 2   | 2017016402306987  | P                | Provisional          |                         |                     | Α                       | 63               |             |                         |
| Instru  | uction Medium:  |                  |                      |                         |                     | Nationality:            | India            |             |                         |
|   |   |                  |                      | Student's Po            | ersonal Informati   | on                      |                  |             |                         |
| Stude   | ent's Name: TRIPA                                       | THI VAIBHAV      | / OMKAR              |                         |                     | Mother's Name: SA       | AROJ             | (           | Gender: Male            |
| Namo  | e in Vernacular Langua                                  | age:त्रिपाठी वै  | भिव ओंकार            |                         |                     |                         |                  |             |                         |
| Addro   | ess: pestom sagar roo                                   | om no 74 road    | l no 4 behind gupt   | a hotel                 |                     |                         |                  |             |                         |
|   | MUMBAI, Taluka: Kurl                                    | la, District: Mu | umbai Suburban, S    | tate: Maharashtra, F    | PIN: 400089         |                         |                  |             |                         |
|   | phone no.:  |                  | Mob                  | oile no: 91704546353    | 37                  | Emai                    | il : vaibhavtrip | athi961@    | @gmail.com              |
|   | : Feb 24, 1999  |                  | tegory: Open         |                         |                     | Handicap: No            |                  |             |                         |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019   |   |                  |                      |                         |                     |                         |                  | t No: 066   | 68711 (Status: Pass)    |
|   | 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   | 86001   | Operation Re     |                      |                         |                     | IA [ ] ;Th-             |                  |             |                         |
| 2   | 86003   | Brand Manag      | <u> </u>             |                         |                     |                         |                  | IA [ ] ;Th- |                         |
| 3   | 86006   | Retail Manag     |                      |                         |                     |                         |                  | IA [ ] ;Th- |                         |
| 4   | 86009   | International    | <del>`</del>         |                         |                     |                         |                  | IA [ ] ;Th- |                         |
| 5   | 86012   | -                | ning and Manageme    | ent                     |                     |                         |                  | IA [ ] ;Th- |                         |
| 6   | UBMSFSVI.5  | Project Work     |                      |                         | <del></del>         |                         | <del>'</del>     | JA [ ] ;Pw  |                         |
|   | vocation Fee  |                  | Exam Form Late       | Fee                     | Exam Form           | Super Late Fee          | Exar             | mination    | ı Fees                  |
| Mark  | Statement Fee   |                  | Total:               |                         |                     |                         |                  |             |                         |
| Payn  | nent Details:   | Amount Recei     | ived:                |                         | College Receipt     | No. and Date:           |                  |             |                         |
| DD N  |   |                  | MICR No:             |                         | DD Date:            |                         | Bank             | k:          |                         |
|   | er Preference (Code/N                                   | lame):           | 1                    |                         |                     |                         |                  | -           |                         |
|   | ue Preference (Code/N                                   |                  |                      |                         |                     |                         |                  |             |                         |
|   | The Controller of Exami                                 |                  |                      |                         |                     |                         |                  | Place:      | Vidyavihar              |
|   | uest permission to pres                                 |                  |                      |                         |                     |                         |                  |             | *1 <b>-,</b>            |
|   | are that all statement me<br>gone through the sylla     |                  |                      |                         |                     |                         |                  | 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 t                                | that in the eve  | ent of any informati | on being found false    | or incorrect, my    | candidature is liable   | e to be          |             |                         |
| cancelled or rejected.  |   |                  |                      |                         |                     |                         |                  | St          | tudent's Signature      |
| Decla   | aration by Principal/HC                                 | D/Chairperso     | on                   |                         |                     |                         |                  |             |                         |
| This  | form is carefully scruting                              | nized by the C   | College staff and by | me. The informatio      | n printed in the f  | orm is correct to the   | best of my kn    | iowledge    | e. I also undertake the |
|   | onsibility of fulfillment/r<br>se/term work (if any) ac |                  |                      | e/she is regular stud   | lent of this Collec | Je and has complete     | d the required   | d attenda   | ance and practical      |
|   | sertenn work (n a,                                      |                  | IIVEISITY TUICS.     |                         |                     |                         |                  |             |                         |
| Place   | <b>e</b> .  |                  |                      |                         |                     | ļ                       | l                |             |                         |
|   |   |                  |                      | _                       |                     |                         | ĺ                |             |                         |
| Date:   | :   |                  |                      |                         |                     |                         | l                |             |                         |
|   |   |                  |                      | College Staff Signature |                     |                         |                  | nature of   |                         |
|   |   |                  |                      |                         |                     | ļ                       | , Princ          | .ipal/HΟΓ   | 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.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

|          | PRN:   | Eligi           | ibility Status:       | Examination form No.: 095314 | Division/Section:          | Roll No               | u.:            | y 312       |                    |
|----------|--|-----------------|-----------------------|------------------------------|----------------------------|-----------------------|----------------|-------------|--------------------|
| :        | 2017016402306995   | Р               | Provisional           |                              |                            | С                     | 195            |             | 8//                |
| nstru    | uction Medium:   | _               |                       |                              |                            | Nationality:          | India          |             |                    |
|          |  |                 |                       | Student's Perso              | onal Informat              | ion                   |                |             |                    |
| Stude    | ent's Name: RATHI F  | HARSHITA        |                       |                              |                            | Mother's Name: S      | JNITADEVI      | G           | Gender: Female     |
| lam      | e in Vernacular Languaç  | ge:राठी हर्षि   | <b>ਜ</b>              |                              |                            |                       |                |             |                    |
| Addr     | ess: Kalpataru Garden,   | A wing, 304     | , Behind Oswal Wa     | adi, Anjurphata Giriraj A    | pp, B wing, 3              | 809, Near Tirupati Ho | spital, Agra R | oad         |                    |
| City:    | Bhiwandi, Taluka: Bhiwa  | andi, District  | t: Thane, State: Ma   | aharashtra, PIN: 421302      | 2                          |                       |                |             |                    |
|          | ohone no.:   |                 | Mob                   | pile no: 918329492279        | <u> </u>                   | Ema                   | I : hdrathi14@ | )gmail.co   | om                 |
| OB       | : Oct 29, 1999   | Cat             | tegory: Open          |                              | Physically                 | / Handicap: No        |                |             |                    |
| revi     | ious Latest Examination  | Details: Ser    | m IV(Regular-Rev1     | 16)                          | Exam Ever                  | nt: Apr-2019          | Seat           | : No: 910   | 106 (Status: Pass) |
| xan      | n form appearance type:  | : Fresher       |                       |                              |                            |                       |                |             |                    |
| <u> </u> | er Details: Pleas  | se select Pa    | per details which y   | ou want to appear ( UA       | - University /             | Assessment,CA - Co    | llege Assessn  | nent)       |                    |
| SN       | Paper Code   |                 |                       | Paper Name                   |                            |                       |                |             | AM - AT            |
| 1        | 86001 C  | Operation Re    | esearch               |                              |                            |                       |                | A [ ] ;Th-0 | CA[]               |
| 2        | 86002 li   | nternational    | Finance               |                              |                            |                       | Th-U           | A [ ] ;Th-0 | CA[]               |
| 3        | 86008 F  | Project Mana    | agement               |                              |                            |                       |                |             | CA[]               |
| 4        | 86011  | Strategic Fin   | ancial Managemer      | nt                           | Th-U/                      |                       |                |             | CA[]               |
| 5        | 86017 II   | ndirect Taxe    | es                    |                              |                            |                       | Th-U           | A [ ] ;Th-0 | CA[]               |
| 6        | UBMSFSVI.5 F   | Project Work    | (                     |                              |                            |                       | Pw-U           | A [ ] ;Pw-  | -CA[]              |
| Conv     | vocation Fee   |                 | Exam Form Late        | Fee                          | e Exam Form Super Late Fee |                       |                | mination    | Fees               |
| /lark    | Statement Fee  |                 | Total:                |                              |                            |                       |                |             |                    |
| <b>.</b> | ant Detailer A.  |                 |                       | 0-1                          | laaa Daaaisa               | No. and Date:         |                |             |                    |
| DD N     |  | mount Recei     |                       | <u> </u>                     | DD Date:                   | No. and Date:         | Donle          |             |                    |
|          |  |                 | MICR No:              |                              | рр раке.                   |                       | Bank           | ·           |                    |
|          | er Preference (Code/Na   |                 |                       |                              |                            |                       |                |             |                    |
|          | le Preference (Code/Na   |                 |                       |                              |                            |                       |                | Π           |                    |
|          | he Controller of Examin  |                 | ur tha anaisina assan | nination I have remitted     | l tha araaarih             | ad fac for the come   | l barabı       | Place:      | Vidyavihar         |
| lecla    | uest permission to prese<br>are that all statement ma                                    | ade in this ap  | pplication are true,  | complete and correct to      | the best of r              | ny knowledge and be   | elief. I       | Date:       |                    |
|          | gone through the syllab<br>est for any special conce                                     |                 |                       |                              |                            |                       |                |             |                    |
|          | ground. I understand th  |                 |                       |                              |                            |                       |                |             |                    |
| anc      | elled or rejected.   |                 |                       |                              |                            |                       |                | Stu         | udent's Signature  |
| Decla    | aration by Principal/HOD   | D/Chairperso    | on                    |                              |                            |                       |                | T           |                    |
| espo     | form is carefully scrutini<br>onsibility of fulfillment/re-<br>se/term work (if any) acc | ectification of | f the information. H  |                              |                            |                       |                |             |                    |
| Place    |  |                 |                       |                              |                            |                       |                |             |                    |
| )ate     |  |                 |                       |                              |                            |                       |                |             |                    |



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Application Form for Examination of Summer Session 2020 event.

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|  | PRN:                    | Eligi            | bility Status:        | Examination form<br>095315                            | 1 No.:          | Division/Section:     | Roll No                   | ).:                | Dan . D.             |  |
|--|-------------------------|------------------|-----------------------|---|-----------------|-----------------------|---------------------------|--------------------|----------------------|--|
|  | 2017016402307004        | Р                | rovisional            |   |                 | А                     | 34                        |                    | Pryali               |  |
| nstrı  | uction Medium:          | •                |                       |   |                 | Nationality:          | India                     |                    |                      |  |
|  |                         |                  |                       | Student's Perso                                       | onal Informati  | on                    |                           |                    |                      |  |
| Stud   | ent's Name: LUTHF       | RA ANJALI RA     | AMESH                 |   |                 | Mother's Name: S      | JMAN                      | (                  | Gender: Female       |  |
| Nam  | e in Vernacular Langua  | age:انجلی        |                       |   |                 |                       |                           |                    |                      |  |
| Addr   | ess: 403, 4TH FLOOR     | , SHIV GANG      | A APARTMENT O         | PPOSITE FITNESS WO                                    | ORLD VENU       | S STATION ROAD        |                           |                    |                      |  |
| City:  | ULHASNAGAR, Taluk       | a: Ulhasnaga     | r, District: Thane, S | State: Maharashtra, PIN                               | I: 421004       |                       |                           |                    |                      |  |
| Γele   | ohone no.:              |                  | Mob                   | ile no: 919145532395                                  |                 | Ema                   | l : anjaliluthra          | @gmail.            | com                  |  |
|  | : Oct 20, 1999          |                  | tegory: Open          |   | Physically      | Handicap: No          |                           |                    |                      |  |
| Prev   | ious Latest Examinatio  | n Details: Sei   | m IV(Regular-Rev1     | 6)  | Exam Even       | t: Apr-2019           | Sea                       | t No: 066          | 68682 (Status: Pass) |  |
| Exan   | n form appearance typ   | e: Fresher       |                       |   |                 |                       |                           |                    |                      |  |
| Pape   | r Details: Plea         | ase select Pa    | per details which y   | ou want to appear ( UA                                | - University A  | Assessment,CA - Co    | llege Assessr             | ssessment)         |                      |  |
| SN   | Paper Code              |                  |                       | Paper Name  |                 |                       |                           | AM - AT            |                      |  |
| 1  | 86001                   | Operation Re     | esearch               | Т   |                 |                       |                           | A [ ] ;Th-         | CA[]                 |  |
| 2  | 86003                   | Brand Manag      | gement                |   |                 | Th-U                  | A [ ] ;Th-                | CA[]               |                      |  |
| 3  | 86006                   | Retail Manag     | gement                |   |                 | Th-U                  | A [ ] ;Th-                | CA[]               |                      |  |
| 4  | 86009                   | International    | Marketing             |   |                 | Th-U                  | Th-UA [];Th-CA []         |                    |                      |  |
| 5  | 86012                   | Media Plann      | ing and Manageme      | t   |                 |                       |                           | Th-UA [] ;Th-CA [] |                      |  |
| 6  | UBMSFSVI.5              | Project Work     | (                     |   |                 |                       |                           | A[];Pw             | /-CA[]               |  |
| Conv   | ocation Fee             |                  | Exam Form Late        | ee Exam Form Super Late Fee                           |                 |                       | Exa                       | mination           | Fees                 |  |
| Mark   | Statement Fee           |                  | Total:                |   |                 |                       |                           |                    |                      |  |
|  |                         |                  |                       | Io. ::  |                 |                       |                           |                    |                      |  |
| <u> </u>   |                         | Amount Rece      | T                     | <u> </u>  |                 | No. and Date:         | ا ا                       | Danis              |                      |  |
| DD N   |                         | 1 \              | MICR No:              |   | DD Date:        |                       | Bank                      | ί:                 |                      |  |
|  | er Preference (Code/N   |                  |                       |   |                 |                       |                           |                    |                      |  |
|  | e Preference (Code/N    |                  |                       |   |                 |                       |                           | _                  |                      |  |
|  | he Controller of Exam   |                  |                       |   |                 | 16 6 11               |                           | Place:             | Vidyavihar           |  |
|  |                         |                  |                       | nination. I have remitted<br>complete and correct to  |                 |                       |                           | Date:              |                      |  |
| nave   | gone through the sylla  | abus and the l   | ist of books prescri  | bed for the examination                               | n for which I a | m appearing. I shall  | not                       |                    |                      |  |
|  |                         |                  |                       | or day fixed for universit<br>on being found false or |                 |                       |                           |                    |                      |  |
|  | elled or rejected.      | andt iir and dve | one or any informati  | on being round raise or                               | moon cot, my    | carialactare is habit | 7 10 00                   | _                  |                      |  |
|  |                         |                  |                       |   |                 |                       |                           | St                 | udent's Signature    |  |
| <b>Declaration by Principal/HOD/Chairperson</b><br>This form is carefully scrutinized by the College staff and by me. The information pr |                         |                  |                       |   |                 |                       |                           |                    |                      |  |
|  |                         |                  |                       | r me. The information pr<br>e/she is regular student  |                 |                       |                           |                    |                      |  |
|  | se/term work (if any) a |                  |                       | orono lo rogular otadoni                              |                 | go ana nao oomplote   | a the required            | a attoriut         | and pradical         |  |
|  |                         |                  |                       |   |                 |                       |                           |                    |                      |  |
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|  |                         |                  |                       | _   |                 |                       |                           |                    |                      |  |
| Date:  |                         |                  |                       |   |                 |                       |                           |                    |                      |  |
|  |                         |                  |                       | College Staff Signature                               |                 | Seal and Signature of |                           |                    |                      |  |
|  |                         |                  |                       |   |                 |                       | Principal/HOD/Chairperson |                    |                      |  |



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 $\label{policy equation for Examination of Summer Session 2020 event.} \\$ 

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

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|  | PRN:  | Elig                          | ibility Status:                           | Examination f<br>09531 |                    | Division/Section:   | Roll No           | .:         | - 211                      |  |
|--|---|-------------------------------|---|------------------------|--------------------|---------------------|-------------------|------------|----------------------------|--|
|  | 2017016403361551  | F                             | Provisional                               |                        | -                  | В                   | 90                |            | Candidate's Signa          |  |
| nstrı                                    | uction Medium:  |                               |   |                        |                    | Nationality:        | India             |            |                            |  |
|  |   |                               |   | Student's Pe           | ersonal Informati  | on                  |                   |            |                            |  |
| Stud                                     | ent's Name: JAISW   | /AR SHRAVA                    | N RAMPRIT                                 |                        |                    | Mother's Name: VI   | YAKI              | (          | Gender: Male               |  |
| Nam                                      | e in Vernacular Langu   | age:जैसवार                    | श्रवण रामप्रीत                            |                        |                    |                     |                   |            |                            |  |
| Addr                                     | ess: NEW BHARAT N   | AGAR, HASI                    | J ADAVANI NAGAI                           | R, VASHINAKA MAH       | IUL ROAD, CHE      | MBUR                |                   |            |                            |  |
| City:                                    | MUMBAI, Taluka: Mu  | mbai, District                | Mumbai City, Stat                         | e: Maharashtra, PIN    | : 400074           |                     |                   |            |                            |  |
| Tele                                     | phone no.:  |                               | Mot                                       | ile no: 91976852731    | 19                 | Emai                | l:                |            |                            |  |
| DOB                                      | : May 13, 1998  | Ca                            | tegory: Reserved (                        | SC)                    | Physically         | Handicap: No        |                   |            |                            |  |
| Prev                                     | ous Latest Examination  | on Details: Se                | m IV(Regular-Rev                          | 16)                    | Exam Even          | t: Apr-2019         | Sea               | t No: 909  | 9976 (Status: Pass)        |  |
| Exan                                     | n form appearance typ   | e: Fresher                    |   |                        |                    |                     |                   |            |                            |  |
| Pape                                     | r Details: Ple  | ase 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  | 86001   | Operation R                   | esearch                                   |                        |                    |                     | Th-U              | A [ ] ;Th- | CA[]                       |  |
| 2  | 86004   | HRM in Glo                    | oal Perspective                           |                        |                    |                     | Th-U              | A [ ] ;Th- | CA[]                       |  |
| 3  | 86010   | HRM in Sen                    | vice Sector Manage                        | ement                  |                    |                     | Th-U              | A [ ] ;Th- | CA[]                       |  |
| 4  | 86016   | Human Res                     | ource Accounting a                        | nd Audit               |                    |                     | Th-UA [];Th-CA [] |            |                            |  |
| 5  | 86019   | Indian Ethos                  | in Management                             |                        |                    |                     | Th-U              | A [ ] ;Th- | CA[]                       |  |
| 6  | UBMSFSVI.5  | Project Wor                   | Κ   |                        |                    |                     | Pw-U              | A[];Pw     | /-CA [ ]                   |  |
| Conv                                     | rocation Fee  |                               | Exam Form Late                            | Fee                    | Exam Form          | Super Late Fee      | Exa               | mination   | Fees                       |  |
| Mark                                     | Statement Fee   |                               | Total:                                    |                        |                    |                     |                   |            |                            |  |
|  |   |                               |   | 1.                     | 0 11 10 11         |                     |                   |            |                            |  |
| _  |   | Amount Rece                   | 1   | 1                      | College Receipt    | No. and Date:       | D1                |            |                            |  |
| OD N                                     |   | 1                             | MICR No:                                  |                        | DD Date:           |                     | Bank              | :          |                            |  |
|  | er Preference (Code/N   |                               |   |                        |                    |                     |                   |            |                            |  |
|  | e Preference (Code/N  |                               |   |                        |                    |                     |                   | _          |                            |  |
|  | he Controller of Exam   |                               |   | dangan Disamban        | 0 - 4 0 2 -        | ad Car Cardlan and  | l le conte        | Place:     | Vidyavihar                 |  |
| decla                                    | uest permission to pre<br>are that all statement n<br>gone through the sylla  | nade in this a                | pplication are true,                      | complete and correc    | t to the best of n | ny knowledge and be | elief. I          | Date:      |                            |  |
|  | est for any special con   |                               |   |                        |                    |                     |                   |            |                            |  |
| othe                                     | ground. I understand  |                               |   |                        |                    |                     |                   |            |                            |  |
| canc                                     | elled or rejected.  |                               |   |                        |                    |                     |                   | St         | udent's Signature          |  |
| Declaration by Principal/HOD/Chairperson |   |                               |   |                        |                    |                     |                   |            |                            |  |
| This<br>resp                             | form is carefully scrutionsibility of fulfillment/<br>se/term work (if any) a | inized by the rectification o | College staff and by fithe information. H |                        |                    |                     |                   |            |                            |  |
| Place                                    | <del></del>   |                               |   |                        |                    |                     |                   |            |                            |  |
| Date                                     |   |                               |   |                        |                    |                     |                   |            |                            |  |
| Date                                     |   |                               |   | College                | Staff Signature    |                     |                   |            | nature of<br>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.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN: Eligibility Status: |   |                    |                      | Examination form No.: 095317 | Division/Section: | Roll No               | u:                 | Q -10            |                     |
|--------------------------|---|--------------------|----------------------|------------------------------|-------------------|-----------------------|--------------------|------------------|---------------------|
| :                        | 2017016403361566  | Prov               | visional             |                              | IIIII             | С                     | 221                |                  | (Candidate's Si     |
| Instru                   | uction Medium:  |                    |                      |                              |                   | Nationality:          | India              | •                |                     |
|                          |   |                    |                      | Student's Per                | sonal Informati   | on                    |                    |                  |                     |
| Stude                    | ent's Name: NAIKW   | ADI SAHIL DIL      | AWAR                 |                              |                   | Mother's Name: Al     | _PA                | G                | Gender: Male        |
| Nam                      | e in Vernacular Langua                                    | ge:नायकवाड़ी स     | गहिल दिलावर          |                              |                   |                       |                    |                  |                     |
| Addr                     | ess: 23 AKSHAYDHAM  | GARDEN LAN         | NE GHATKOPAF         | ≀ WEST                       |                   |                       |                    |                  |                     |
| _                        | MUMBAI, Taluka: Mum                                       | bai, District: Mi  | umbai City, State    | : Maharashtra, PIN: 4        | 100086            |                       |                    |                  |                     |
|                          | ohone no.:  | 1                  |                      | ile no: 918080444433         |                   | Emai                  | 1:                 |                  |                     |
|                          | : Oct 07, 1999  |                    | gory: Open           |                              | <del></del>       | Handicap: No          |                    |                  |                     |
| Previ                    | ious Latest Examination                                   | Details: Sem I     | IV(Regular-Rev1      | 6)                           | Exam Even         | t: Apr-2019           | Seat               | t No: 909        | 978 (Status: Pass)  |
|                          | n form appearance type                                    |                    |                      |                              |                   |                       |                    |                  |                     |
|                          | er Details: Pleas   | se select Pape     | r details which yo   | ou want to appear ( U        | A - University A  | Assessment,CA - Co    | llege Assessn      | nent)            |                     |
| SN                       | Paper Code  |                    |                      | Paper Name                   | 9                 |                       |                    |                  | AM - AT             |
| 1                        |   | Operation Rese     |                      |                              |                   |                       | A [ ] ;Th-(        |                  |                     |
| 2                        |   | nternational Fi    | nance                |                              |                   |                       |                    | A [ ] ;Th-0      |                     |
| 3                        |   | Project Manage     |                      |                              |                   |                       | Th-UA [] ;Th-CA [] |                  |                     |
| 4                        |   | Strategic Finan    | ncial Managemen      |                              |                   |                       | A [ ] ;Th-0        |                  |                     |
| 5                        | 86017 I   | ndirect Taxes      |                      |                              |                   |                       | Th-U               | A [ ] ;Th-0      | CA[]                |
| 6                        | UBMSFSVI.5  | Project Work       |                      |                              |                   |                       | Pw-U               | A [ ] ;Pw-       | -CA[]               |
| Conv                     | ocation Fee   | E                  | xam Form Late F      | ee Exam Form Super Late Fee  |                   |                       | Exar               | mination         | Fees                |
| Mark                     | Statement Fee   | T                  | otal:                |                              |                   |                       |                    |                  |                     |
| Dove                     | nent Deteiler   | maunt Dagaire      |                      |                              | allaga Dagaint    | No. and Date:         |                    |                  |                     |
| DD N                     |   | mount Receive      | IICR No:             |                              | DD Date:          | No. and Date.         | Bank               |                  |                     |
|                          | er Preference (Code/Na                                    |                    | IICK No.             |                              | DD Date.          |                       | Dalik              |                  |                     |
|                          | ue Preference (Code/Na                                    |                    |                      |                              |                   |                       |                    |                  |                     |
|                          | The Controller of Examir                                  | -                  |                      |                              |                   |                       |                    | I <sub>n</sub> . |                     |
|                          | uest permission to prese                                  | •                  | he encuina evar      | ination I have remitte       | ad the prescribe  | ad fee for the same   | l hereby           | Place:           | Vidyavihar          |
| decla                    | are that all statement ma                                 | ade in this appli  | lication are true, o | complete and correct         | to the best of n  | ny knowledge and be   | elief. I           | Date:            |                     |
|                          | gone through the syllat                                   |                    |                      |                              |                   |                       |                    |                  |                     |
|                          | est for any special conc<br>ground. I understand th       |                    |                      |                              |                   |                       |                    |                  |                     |
|                          | ancelled or rejected. Student's Signature                 |                    |                      |                              |                   |                       |                    |                  |                     |
| Dook                     | aration by Bringinal/HOI                                  | D/Chairnaraan      |                      |                              |                   |                       |                    | Sit              | ident's Signature   |
|                          | aration by Principal/HOI form is carefully scrutini       | -                  |                      | mo. The information          | printed in the f  | orm is correct to the | host of my kn      | owlodgo          | Lalso undortako tho |
| respo                    | onsibility of fulfillment/re<br>se/term work (if any) acc | ectification of th | ne information. He   |                              |                   |                       |                    |                  |                     |
|                          | ()  | . 3                |                      |                              |                   | -                     |                    |                  |                     |
| 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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|       | PRN:                     | Eligi           | bility Status:      | Examination form No.: 095318                           | Division/Section:           | Roll No                | .:  | 00         |                     |  |
|-------|--------------------------|-----------------|---------------------|--|-----------------------------|------------------------|---|------------|---------------------|--|
| 2     | 2017016403361574         | Р               | rovisional          |  |                             | С                      | 227   |            | (Candidate's Sign   |  |
| nstru | ction Medium:            | -               |                     |  |                             | Nationality:           | India   |            |                     |  |
|       |                          |                 |                     | Student's Perso  | nal Informat                | ion                    |   |            |                     |  |
| Stude | ent's Name: RAVAL        | RAHUL MAI       | HENDRA              |  |                             | Mother's Name: M       | ONA   | C          | Gender: Male        |  |
| lame  | e in Vernacular Langua   | ge:रावल राह्    | ुल महेंद्र          |  |                             |                        |   |            |                     |  |
| Addre | ess: 80/B LAXMI NIWA     | S COLLECT       | OR COLONY CHE       | MBUR   |                             |                        |   |            |                     |  |
| City: | MUMBAI, Taluka: Mum      | nbai, District: | Mumbai City, State  | e: Maharashtra, PIN: 40                                | 0074                        |                        |   |            |                     |  |
| elep  | hone no.: 10001          |                 | Mob                 | ile no: 919819365355                                   |                             | Ema                    | il:   |            |                     |  |
| OB    | Oct 10, 1999             | Cat             | tegory: Open        |  | Physically                  | / Handicap: No         |   |            |                     |  |
| revi  | ous Latest Examination   | n Details: Ser  | m IV(Regular-Rev1   | 6)   | Exam Ever                   | nt: Apr-2019           | Seat  | No: 909    | 975 (Status: Pass)  |  |
| xan   | form appearance type     | : Fresher       |                     |  |                             |                        |   |            |                     |  |
| ape   | r 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     | 86001                    | Operation Re    | esearch             |  |                             |                        | Th-U  | ۲ [] ;Th-( | CA[]                |  |
| 2     | 86002                    | International   | Finance             |  |                             | Th-U                   | ۲ [] ;Th-(                                      | CA[]       |                     |  |
| 3     | 86008                    | Project Mana    | agement             |  |                             | Th-U                   | Th-UA [];Th-CA []                               |            |                     |  |
| 4     | 86011                    | Strategic Fin   | ancial Managemer    | nt   |                             | Th-U                   | Th-UA [];Th-CA []                               |            |                     |  |
| 5     | 86017                    | Indirect Taxe   | es                  |  |                             |                        | Th-U  | ۲ [] ;Th-( | CA[]                |  |
| 6     | UBMSFSVI.5               | Project Work    |                     |  |                             |                        | Pw-U  | A [ ] ;Pw  | -CA[]               |  |
| Conv  | ocation Fee              |                 | Exam Form Late      | Fee  | ee Exam Form Super Late Fee |                        |   | mination   | Fees                |  |
| /lark | Statement Fee            |                 | Total:              |  |                             |                        |   |            |                     |  |
| )ov.m | nent Details:            | mount Recei     | ivod:               | Coll   | aga Pagaint                 | No. and Date:          |   |            |                     |  |
| DD N  |                          | inount Nece     | MICR No:            |  | DD Date:                    | No. and Date.          | Bank  | Bank:      |                     |  |
|       | er Preference (Code/Na   | amo):           | IVIICK NO.          |  | DD Date.                    |                        | Dalik   | -          |                     |  |
|       | e Preference (Code/Na    |                 |                     |  |                             |                        |   |            |                     |  |
|       | he Controller of Exami   |                 |                     |  |                             |                        |   | Diago      | \ /id: co. ib o c   |  |
|       |                          | •               | r the ensuing exan  | nination. I have remitted                              | the nrescrih                | ed fee for the same    | I herehy  | Place:     | Vidyavihar          |  |
| Iecla | re that all statement ma | ade in this ap  | plication are true, | complete and correct to                                | the best of r               | ny knowledge and b     | elief. I  | Date:      |                     |  |
|       |                          |                 |                     | ibed for the examinatior<br>or day fixed for universit |                             |                        |   |            |                     |  |
|       |                          |                 |                     | on being found false or                                |                             |                        |   | 1          |                     |  |
| ance  | elled or rejected.       |                 |                     |  |                             |                        |   | Sti        | udent's Signature   |  |
| )ocls | aration by Principal/HO  | D/Chairners     | n .                 |  |                             |                        |   | 311        | duent's Signature   |  |
|       |                          | -               |                     | me. The information pr                                 | inted in the f              | form is correct to the | heet of my kn                                   | owledge    | Lalso undertake the |  |
|       |                          |                 |                     | e/she is regular student                               |                             |                        |   |            |                     |  |
| cours | se/term work (if any) ac | cording to un   | niversity rules.    | _  |                             | -                      |   |            |                     |  |
|       |                          |                 |                     |  |                             |                        |   |            |                     |  |
| Place | <b>)</b> :               |                 |                     |  |                             |                        |   |            |                     |  |
|       |                          |                 |                     | _  |                             |                        |   |            |                     |  |
| Date: |                          |                 |                     | Calle as Chaff Circushura                              |                             |                        | Cool and Cignoture of                           |            |                     |  |
|       |                          |                 |                     | 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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

| PRN:   |   | Eligibility Status:                 |                     | Examination form No.: 095319 |                               | Division/Section:             | Roll No      | .:                 | R                   |  |  |
|--|---|-------------------------------------|---------------------|------------------------------|-------------------------------|-------------------------------|--------------|--------------------|---------------------|--|--|
| 2017016403361597   |   | Р                                   | Provisional         |                              |                               | С                             | 196          |                    | Candidate's         |  |  |
| nstru  | uction Medium:                                    |                                     |                     |                              |                               | Nationality:                  | India        |                    |                     |  |  |
| Student's Personal Information   |   |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
| Student's Name: RAVAL PURAV JITENDRA Mother's Name: VARSHA Gender: Male  |   |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
| Nam  | lame in Vernacular Language: रावल पूर्व जीतेन्द्र |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
| Address: 80/B LAXMI NIWAS COLLECTOR COLONY CHEMBUR   |   |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
| City: MUMBAI , Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074  |   |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
| Telep  | ohone no.:  |                                     | Mob                 | ile no: 919004110001         |                               | Emai                          | l:           |                    |                     |  |  |
| OOB  | : Oct 09, 1999                                    | Ca                                  | tegory: Open        |                              | Physically Handicap: No       |                               |              |                    |                     |  |  |
| Previ  | ious Latest Examination                           | n Details: Se                       | m IV(Regular-Rev1   | (6)                          | Exam Event: Apr-2019 Seat No: |                               |              |                    | 9979 (Status: Pass) |  |  |
| Exan   | n form appearance type                            | : Fresher                           |                     |                              |                               |                               |              |                    |                     |  |  |
| Pape   | r Details: Plea                                   | se select Pa                        | per details which y | ou want to appear ( UA       | - University A                | Assessment,CA - Co            | lege Assessn | nent)              |                     |  |  |
| SN   | Paper Code  |                                     |                     | Paper Name                   | Paper Name                    |                               |              | AM - AT            |                     |  |  |
| 1  | 86001   | Operation Research                  |                     |                              |                               | Th-U                          |              |                    | JA [] ;Th-CA []     |  |  |
| 2  | 86002   | International Finance Th            |                     |                              |                               |                               |              | Th-UA [] ;Th-CA [] |                     |  |  |
| 3  | 86008   | Project Management Th-UA [];        |                     |                              |                               |                               |              |                    | CA[]                |  |  |
| 4  | 86011   | Strategic Financial Management Th-U |                     |                              |                               |                               |              |                    | UA [] ;Th-CA []     |  |  |
| 5  | 86017   | Indirect Taxes Th-U.                |                     |                              |                               |                               |              |                    | CA[]                |  |  |
| 6  |   |                                     |                     |                              |                               |                               |              | ·UA [] ;Pw-CA []   |                     |  |  |
| Convocation Fee Exa  |   |                                     | Exam Form Late      | Fee                          | Exam Form                     | Exam Form Super Late Fee Exam |              |                    | amination Fees      |  |  |
| Mark Statement Fee Total:  |   |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
|  |   |                                     |                     | 1-                           |                               |                               |              |                    |                     |  |  |
|  |   | mount Rece                          | 1                   | Co                           | College Receipt No. and Date: |                               |              | To                 |                     |  |  |
| DD N   |   |                                     | MICR No:            |                              | DD Date:                      |                               |              | Bank:              |                     |  |  |
|  | er Preference (Code/Na                            |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
|  | ie Preference (Code/Na                            |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
|  | he Controller of Examin                           |                                     |                     |                              |                               |                               |              | Place:             | Vidyavihar          |  |  |
| request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I |   |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
|  | gone through the sylla                            |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
| request for any special concession such as change in time or day fixed for university Examination etc. on religious or any   |   |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
| other 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 |  |  |
| Decla  | aration by Principal/HO                           | D/Chairperso                        | on                  |                              |                               |                               |              |                    |                     |  |  |
|  | form is carefully scrutin                         |                                     |                     |                              |                               |                               |              |                    |                     |  |  |
| 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:

#### University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:

'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



| PRN:                      |   | Eligi                                    | Eligibility Status: 095320 |  | I NO   | Division/Section:      | Roll No.      | .:                 |                     |  |
|---------------------------|---|--|----------------------------|--|--|------------------------|---------------|--------------------|---------------------|--|
| 2018016402583302          |   | Р  | rovisional                 |  |  | Α                      | 41            |                    | augui               |  |
| nstru                     | uction Medium:                              |  | -                          |  |  | Nationality:           | India         |                    |                     |  |
|                           |   |  |                            | Student's Perso                                      | nal Informati                                      | on                     |               |                    |                     |  |
| Stude                     | ent's Name: MUNU                            | GAPATI OMS                               | SRI NARASIMHA              |  |  | Mother's Name: R       | UPA           | G                  | Gender: Female      |  |
| Name                      | e in Vernacular Langua                      | age:ओम्श्री मु                           | नुगपाटी                    |  |  |                        |               |                    |                     |  |
| Addre                     | ess: K6/19 HARI OM S                        | SAHAKARI SO                              | OCIETY, SURYA              | COMPLEX, KANJUR MA                                   | ARG (W)  |                        |               |                    |                     |  |
| City:                     | MUMBAI, Taluka: Mur                         | nbai, District:                          | Mumbai City, State         | e: Maharashtra, PIN: 40                              | 0078   |                        |               |                    |                     |  |
| Telep                     | phone no.:                                  |  | Mob                        | ile no: 918693069886                                 |  | Emai                   | il:OMSRINM(   | @GMAIL             | COM                 |  |
| OOB                       | : Jan 26, 2000                              | Ca                                       | tegory: Open               |  | Physically   | Handicap: No           |               |                    |                     |  |
| Previ                     | ous Latest Examinatio                       | n Details: Se                            | m IV(Regular-Rev1          | 16)  | Exam Event: Apr-2019 Seat No: 0668712 (Status: Pas |                        |               |                    | 8712 (Status: Pass) |  |
|                           | n form appearance type                      | e: Fresher                               |                            |  |  |                        |               |                    |                     |  |
|                           | r Details: Plea                             | ase select Pa                            | per details which y        | ou want to appear ( UA                               | - University A                                     | Assessment,CA - Co     | llege Assessm | nent)              |                     |  |
| SN                        | <del>'</del>                                |  | Paper Name                 |  |  |                        |               |                    | AM - AT             |  |
| 1                         | 86001                                       | Operation Re                             |                            |  |  |                        |               | -UA [] ;Th-CA []   |                     |  |
| 2                         | 86003                                       | Brand Management                         |                            |  |  |                        |               | 4 [ ] ;Th-(        |                     |  |
| 3                         | 86006                                       | Retail Management Th-UA [];Th-CA []      |                            |  |  |                        |               |                    |                     |  |
| 4                         | 86009                                       | International Marketing Th-UA [];Th-CA [ |                            |  |  |                        |               |                    |                     |  |
| 5                         | 86012                                       |  |                            |  |  |                        |               |                    | -UA [] ;Th-CA []    |  |
| 6 UBMSFSVI.5 Project Work |   |  |                            |  |  |                        |               | Pw-UA [] ;Pw-CA [] |                     |  |
| Convocation Fee           |   |  | Exam Form Late             | Fee  | Exam Form Super Late Fee Exa                       |                        |               | amination Fees     |                     |  |
| Mark Statement Fee Total: |   |  |                            |  |  |                        |               |                    |                     |  |
| Pavn                      | nent Details:                               | Amount Rece                              | ived:                      | Coll   | ege Receint  | No. and Date:          |               |                    |                     |  |
| DD No:                    |   | MICR No:                                 |                            |  | DD Date: Bar                                       |                        |               | unk:               |                     |  |
|                           | er Preference (Code/N                       | lame):                                   |                            | 1  |  |                        | 1             |                    |                     |  |
|                           | e Preference (Code/N                        |  |                            |  |  |                        |               |                    |                     |  |
| Го, Т                     | he Controller of Exam                       | ination,                                 |                            |  |  |                        |               | Place:             | Vidyavihar          |  |
|                           |   |  |                            | nination. I have remitted                            |  |                        |               | <b>_</b>           | ·                   |  |
|                           |   |  |                            | complete and correct to<br>ibed for the examination  |  |                        |               | Date:              |                     |  |
| eque                      | est for any special cond                    | cession such                             | as change in time          | or day fixed for universit                           | y Examinatio                                       | on etc. on religious o | r any         |                    |                     |  |
|                           |   | that in the eve                          | ent of any informati       | ion being found false or                             | incorrect, my                                      | candidature is liable  | e to be       |                    |                     |  |
| Janic                     | cancelled or rejected.  Student's Signature |  |                            |  |  |                        |               |                    |                     |  |
| Decla                     | aration by Principal/HC                     | D/Chairperso                             | on                         |  |  |                        |               |                    |                     |  |
| respo                     |   | ectification of                          | the information. H         | / me. The information pr<br>e/she is regular student |  |                        |               |                    |                     |  |
| Place:                    |   |  |                            |  |  |                        |               |                    |                     |  |
|                           |   |  |                            |  |  |                        |               |                    |                     |  |