

Date:

University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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Seal and Signature of Principal/HOD/Chairperson



Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: 114035 2016016402301552 Eligible Instruction Medium: Nationality: India Student's Personal Information **BODEKAR NAYANA NAMDEV** Mother's Name: NAMRATA Student's Name: Gender: Female Name in Vernacular Language:बोडेकर नयना नामदेव नम्रता Address: BEHIND SUDARSHAN FLOOR MILL,R/N 4,DATTASMRUTI WELFARE SOCIETY,GHATLA, City: CHEMBUR, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071 Mobile no: 919619781596 Telephone no.: Email: Nayanabodekar01@gmail.com Category: Reserved (NT-2 (NT-C)) DOB: Nov 01, 1998 Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246558 (Status: ATKT) Exam form appearance type: Fresher Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Details: Paper Name AM - AT SN Paper Code 88701 Software Quality Assurance Th-UA [];Th-CA [] 2 88702 Th-UA [];Th-CA [] Security in Computing 3 88703 Business Intelligence Th-UA [] ;Th-CA [] 4 88704 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] 7 USIT6P2 Security in Computing Practical Pr-UA[] USIT6P3 8 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] Convocation Fee Exam Form Late Fee Exam Form Super Late Fee **Examination Fees** Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: MICR No: DD Date: DD No: Bank: Center Preference (Code/Name): Venue Preference (Code/Name): To, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby 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:

College Staff Signature



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Examination form No.:



PRN: Eligibility Status:			114036	INU	Division/Secti	ion: F	Roll No.:		O star	
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nstrı	uction Medium:					Nationality:	India		•	
				Student's Persor	nal Informati	on				
Stud	ent's Name: PANIG	RAHI NARAY	YAN PRASHANT			Mother's Na	me: RAJESH	WARI	G	ender: Male
Nam	e in Vernacular Langua	age:पाणिग्रही	नारायण प्रशांत							
Addr	ess: SANTOSH KIRAN	NA STORE M	ANPADA, AZAD N	AGAR,						
City:	THANE, Taluka: Than	e, District: Th	ane, State: Mahara	ashtra, PIN: 400607						
Tele	phone no.:			ile no: 919702625318	_		Email : PAN	IGRAHIN	NARAY	AN256@GMAIL.COM
	: Oct 15, 1998		tegory: Open		Physically	Handicap: No)			
Prev	ious Latest Examinatio	on Details: Se	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019		Seat N	lo: 3246	5589 (Status: Pass)
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	2017016400070314	Eligible			Α	67		CATAGORA	
nstr	uction Medium:				Nationality:	India			
			Student's Perso	nal Informati	on				
Stud	ent's Name: YADAV	ASHWANI SUDARSHAN			Mother's Name: AN	IITA	(Gender: Male	
Nam	e in Vernacular Langua	ge:YADAV ASHWANI SUDAR:	SHAN						
Addr	ess: PAWAR NAGAR,N	IEW MHADA,YOGAYOG SOC	IETY, PLOT NO.149,RC	OM NO.C-9	THANE(W)				
City:	THANE, Taluka: Thane	, District: Thane, State: Mahara	ashtra, PIN: 400610						
	phone no.:	Mob	ile no: 918692012340		Email	: ASHWINYA	SHWINYADAV916@GMAIL.COM		
DOB	: Aug 28, 1998	Category: Open		Physically Handicap: No					
Prev	ious Latest Examination	Details: Sem IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019	Seat	No: 324	46621 (Status: ATKT)	
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1		Software Quality Assurance					\ [] ;Th-		
2		Security in Computing				\ [] ;Th-			
3		Business Intelligence					\[];Th-		
4		Principles of Geographic Inform	nation Systems				\ [] ;Th-		
5		T Service Management					\ [] ;Th-	CA[]	
6		Project Implementation	<u> </u>			Pr-UA			
7		Security in Computing Practical Business Intelligence Practical					Pr-UA [] Pr-UA []		
9		Principles of Geographic Inform	nation Systems Practica	<u> </u>		Pr-UA			
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Cent	er Preference (Code/Na	ame):							
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	The Controller of Examin						Place:	Vidyavihar	
decla	are that all statement ma	ent myself for the ensuing exan ade in this application are true,	complete and correct to	the best of n	ny knowledge and be	lief. I	Date:		
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othe	r ground. I understand th	nat in the event of any informati							
and	elled or rejected.						St	udent's Signature	
Decl	aration by Principal/HOI	D/Chairperson							
esp	onsibility of fulfillment/re	ized by the College staff and by ectification of the information. H cording to university rules.							
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Date	:		College Sta	off Signature				nature of D/Chairperson	



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	PRN:	Eligi	bility Status:	Examination form 114038	No.:	Division/Section:	Roll No.	:	As horivas	
:	2017016400186844		Eligible			Α	51		XI Junas	
Instru	uction Medium:					Nationality:	India			
				Student's Perso	nal Informati	on				
Stud	ent's Name: SHRIVA	AS AAKANSI	HA DILIPKUMAR			Mother's Name: AN	AMIKA	(Gender: Female	
Nam	e in Vernacular Langua	ge:श्रीवास आ	कांक्षा दिलीपकुमार							
Addr	ess: D.K. CHAWL HAN	UMAN MAN	DIR ROAD NEAR	RAILWAY STATION MA	NDA TITWA	LA (EAST)				
City:	TITWALA, Taluka: Kaly	an, District:	Thane, State: Mah	arashtra, PIN: 421605						
Telep	ohone no.:		Mob	ile no: 918452854914		Email	: aakansha19	999shriv	/as@gmail.com	
	: Dec 20, 1999		tegory: Open		Physically	Handicap: No				
Previ	ous Latest Examination	n Details: Sei	m IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019	Seat	No: 324	46606 (Status: Pass)	
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SN	Paper Code			Paper Name					AM - AT	
1	88701	Software Qu	ality Assurance				Th-UA	۲[];Th-	CA[]	
2	88702	Security in C	omputing				Th-UA	Th-; []	CA[]	
3	88703	Business Inte	elligence				Th-UA	۲[];Th-	CA[]	
4	88704	Principles of	Geographic Inform	nation Systems		Th-UA [];Th-CA []				
5	88706	IT Service M	anagement			Th-UA[];Th-CA[]				
6	USIT6P1	Project Imple		Pr-UA []						
7	USIT6P2	Security in C	omputing Practica				Pr-UA	[]		
8	USIT6P3	Business Inte	elligence Practical				Pr-UA	[]		
9	USIT6P4	Principles of	Geographic Inform	nation Systems Practical			Pr-UA	[]		
10	USIT6P6	Advanced M	obile Programming	I			Pr-UA	[]		
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decla	ire that all statement ma	ade in this ap	oplication are true,	complete and correct to	the best of n	ny knowledge and bel	ief. I	Date:		
				ibed for the examination or day fixed for universit						
other	ground. Í understand t			on being found false or						
canc	elled or rejected.							St	udent's Signature	
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cours	se/term work (if any) ac	cording to ur	niversity rules.							
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Principal/HOD/Chairperson

Examination form No.: PRN: **Eligibility Status:** Division/Section: Roll No.: 114039 WRAS 2017016400703877 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: MUDLIYAR YUVRAJ VISHVANATH Mother's Name: LATA Gender: Male Name in Vernacular Language:मुदलियार युवराज विश्वनाथ Address: ON HOUSE PUNJABI COLONY MOHAN NIWAS BHARTIA SANSKAR ASHRAM UNR-3 City: ULHASNAGAR, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421003 Telephone no.: Mobile no: 918446440079 Email: YUVRAJMUDD44@GMAIL.COM DOB: Oct 14, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246584 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) SN Paper Code Paper Name AM - AT 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Security in Computing Practical Pr-UA[] 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] **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: DD No: MICR 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: College Staff Signature Seal and Signature of



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Examination form No.:

Disciple 16



PRN: Eligibility Status:			114040	INU	Division/Section	on: R	oll No.:	0 0 \$			
	2017016400712087	E	Eligible			Α		66	Gery AS,		
Instru	uction Medium:	•	•			Nationality:	India		•		
				Student's Persor	nal Informati	on					
Stud	ent's Name: VYAS	GIRISH MADA	NLAL			Mother's Nan	ne: SHANTID	EVI	Gender: Male		
Nam	e in Vernacular Langua	age:व्यास गिर्र	ोश मदनलाल								
Addr	ess: 884/27 FLAT NO	103 SONA AF	PPT BHANDARI C	OMPOUND NARPOLI							
City:	BHIWANDI, Taluka: B	hiwandi, Distri	ct: Thane, State: N	Maharashtra, PIN: 42130	5						
Tele	ohone no.:		Mob	e no: 917058663052 Email : 0			Email : GVYA	GVYAS9095@GMAIL.COM			
DOB	: Jun 01, 1999	Cate	egory: Open		Physically Handicap: No						
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	se/term work (if any) a			e/sne is regular student d	inis Colle(je and nas com	ipieted the re	quirea att	enuance and practical		
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				San Signature				Principal/HOD/Chairperson			



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'e-Suvidha' account on



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	PRN:	Eligi	bility Status:	Examination form 114041	n No.:	Division/Section:	Roll No.	.:	1		
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nstr	uction Medium:					Nationality:	India				
		_		Student's Perso	nal Informati	•					
Stud	ent's Name: PANDE	Y YOGESH	DAYASHANKAR			Mother's Name: Sh	ЮВНА	C	Gender: Male		
Nam	e in Vernacular Langua	ge:PANDEY	YOGESH DAYAS	HANKAR							
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10			obile Programming						Pr-UA []		
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Mark	Statement Fee		Total:								
Pavr	ment Details:	mount Rece	ived·	Coll	eae Receint	No. and Date:					
DD N		ount i toob	MICR No:		DD Date:	TO. GITG DUIG.	Bank				
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esp		ectification of	the information. H	nme. The information pre/she is regular student							
Place	e:										
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				1				,			



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Application Form for Examination of Summer Session 2020 event.

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

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	PRN:	Eligi	ibility Status:	Examination 1140		Division/Section:	Roll No.	.:	18 mg	
2	2017016400732207		Eligible			А	30		Bound	
Instru	uction Medium:	<u>!</u>				Nationality:	India			
				Student's P	ersonal Informati	ion				
Stude	ent's Name: MOHAN	MMAD SUHA	NL KHAJA			Mother's Name: AS	SMABI	(Gender: Male	
Name	e in Vernacular Langua	ge:मोहम्मद	 सुहैल खाजा					•		
Addre	ess: 14/2 GANGARAM	CHAWL GR	OUP C SHIVAJI N	AGAR VAKOLA BR	IDGE, VAKOLA	SANTACRUZ(EAST)			
	MUMBAI, Taluka: Andr					•				
Telep	phone no.:		Mob	ile no: 9198336007	78	Emai	I : SOHAILKH	HAILKHAN201076@GMAIL.COM		
DOB:	: Mar 08, 1997	Cat	tegory: Open		Physically	Handicap: No				
Previ	ous Latest Examination	n Details: Sei	m IV(Regular-Rev1	6)	Exam Ever	nt: Apr-2019	Seat	No: 32	46581 (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 - Col	lege Assessm	nent)		
SN	Paper Code			Paper Na	me				AM - AT	
1	88701	Software Qu	ality Assurance				Th-UA	۲ [];Th-	CA[]	
2	88702	Security in C	omputing			Th-UA	۲ [] ;Th-	CA[]		
3	88703	Business Inte	elligence			Th-U/	۲ [];Th-	CA[]		
4	88704	Principles of	Geographic Inform	ation Systems			Th-UA	۲ [];Th-	CA[]	
5	88706	IT Service M	anagement			Th-UA	۲ [];Th-	CA[]		
6	USIT6P1	Project Imple	ementation				Pr-UA	\[]		
7	USIT6P2	Security in C	Computing Practical	F				Pr-UA[]		
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9				ation Systems Prac	ctical		Pr-UA			
10			obile Programming	,				Pr-UA[]		
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Cente	er Preference (Code/Na	ame):								
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To, T	he Controller of Examir	nation,						Place:	Vidyavihar	
	uest permission to prese							Date:		
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reque	est for any special conc	ession such	as change in time	or day fixed for univ	ersity Examination	on etc. on religious or	any			
	ground. I understand tl elled or rejected.	hat in the eve	ent of any informati	on being found fals	e or incorrect, my	candidature is liable	to be			
cance	elled of rejected.							St	udent's Signature	
Declaration by Principal/HOD/Chairperson										
	form is carefully scrutin									
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:



PRN: Eligibility Status:			114043	NO	Division/Section	n: Ro	oll No.:	Shafique/		
:	2017016400732246	Eligible			Α		9	102-11.		
Instru	uction Medium:				Nationality:	India		•		
			Student's Person	nal Informati	on					
Stud	ent's Name: CHAUI	DHARY MD SHAFIQUE HAMID	UDDIN		Mother's Name	e: SALIMUN	NISA	Gender: Male		
Nam	e in Vernacular Langua	age:चौधरी मंद शफीके हमीदुद्दीन	न							
Addr	ess: PLOT NO 9 ROO	M NO 1422 BHARAT NAGAR E	BANDRA EAST							
City:	MUMBAI, Taluka: And	lheri, District: Mumbai Suburban	, State: Maharashtra, PII	N: 400051						
Telep	phone no.:	Mob	oile no: 918879753045		E	Email : CHOL	HOUDHARYSHAFIQUE656@GMAIL.COM			
DOB	: Jun 09, 2000	Category: Open		Physically	Handicap: No					
		on Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019		Seat No	o: 3246559 (Status: Pass)		
	n form appearance type									
		ase select Paper details which y	ou want to appear (UA - University Assessment, CA - College A				sessmen			
SN	Paper Code		Paper Name					AM - AT		
1	88701	Software Quality Assurance];Th-CA[]		
2	88702	Security in Computing];Th-CA []		
3	88703	Business Intelligence];Th-CA []				
4	88704 88706	Principles of Geographic Inform	lation Systems			-];Th-CA []		
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6 7	USIT6P1	Project Implementation								
8	USIT6P3	Security in Computing Practical Business Intelligence Practical	<u> </u>				Pr-UA [] Pr-UA []			
9	USIT6P4	Principles of Geographic Inform	nation Systems Practical				Pr-UA []			
10	USIT6P6	Advanced Mobile Programming				-	Pr-UA []			
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	ue Preference (Code/N									
•	The Controller of Exami	•						ace: Vidyavihar		
decla	are that all statement m	sent myself for the ensuing exan nade in this application are true, abus and the list of books prescr	complete and correct to t	the best of m	ny knowledge ar	nd belief. I	Da	ate:		
reque	est for any special cond	cession such as change in time	or day fixed for university	y Examinatio	on etc. on religio	us or any				
	r ground. I understand i elled or rejected.	that in the event of any informat	ion being found false or i	ncorrect, my	candidature is I	lable to be				
	<u>, </u>							Student's Signature		
This respo	claration 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 rese/term work (if any) according to university rules.									
Place	ə: 									
Date	:		College Stat	ff Signature				I Signature of I/HOD/Chairperson		



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

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Examination form No.:

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PRN: Eligibility Status:			114044	INU	Division/Section	on: R	Roll No.:	A	
2	2017016400839425		Eligible			Α		28	Aaron
nstru	uction Medium:			1	,	Nationality:	India		<u>'</u>
				Student's Persor	nal Informat	ion			
Stude	ent's Name: MICHA	AEL AARON A	ALLEN			Mother's Nan	ne: ROSY		Gender: Male
Namo	e in Vernacular Langua	age:MICHAE	L AARON ऍलन						
Addro	ess: VEERA BHARAT	A-5 PLOT NO	O 334 HALL ROAD)					
City:	MUMBAI, Taluka: Kur	la, District: M	umbai Suburban, S	State: Maharashtra, PIN: 4	400070				
Teler	phone no.:		Moh	oile no: 917738550024			Email : AAR(ONMICHAE	EL1000@GMAIL.COM
DOB:	3: Apr 05, 1999	Ca	ategory: Open		Physically	/ Handicap: No	,	<u>. </u>	
	ious Latest Examinatio		m IV(Regular-Rev	16)	Exam Even	nt: Apr-2019		Seat No: 3	3246579 (Status: Pass)
	n form appearance type								
	I	ase select Pa	per details which y	ou want to appear (UA - University Assessment, CA - College				sessment)	
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1	88701		uality Assurance			Th-UA [] ;T			
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4	88704	· · · · · · · · · · · · · · · · · · ·	f Geographic Inform	nation Systems				Th-UA [] ;T	
5	88706	IT Service M				Th-UA [] ;Th-CA []			
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9	USIT6P4			nation Systems Practical				Pr-UA[]	
10	USIT6P6	-	l Geographic information of the control of the cont					Pr-UA[]	
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	ue Preference (Code/N	· · · · · · · · · · · · · · · · · · ·							
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									Student's Signature
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respo	onsibility of fulfillment/r	rectification of	f the information. H	y me. The information prir le/she is regular student o					
cours	se/term work (if any) ad	ccording to ur	niversity rules.			•		•	
Place	3 :								
Date:	:			College Staff Signature			Seal and Signature of		
				College Staff Signature				Seal and Signature of Principal/HOD/Chairperson	



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Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Examination form No.: 114045 PRN: **Eligibility Status:** Division/Section: Roll No.: 2017016400839506 Provisional Nationality: Instruction Medium: India Student's Personal Information Student's Name: VIRAJ VISHWAS AMBRE Mother's Name: VAISHALI V. AMBRE Gender: Male Name in Vernacular Language:विराज विश्वास आंब्रे Address: 202, MANDAKINI CHS OPP SHIVAJI HOSPITAL BELAPUR RD. KALWA WEST. THANE City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605 Telephone no.: Mobile no: 918689980999 Email: virajambre99@gmail.com DOB: Dec 20, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246553 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code Paper Name AM - AT 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Security in Computing Practical Pr-UA[] 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] **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: DD No: MICR 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: College Staff Signature Seal and Signature of Principal/HOD/Chairperson



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

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PRN: Eligibility Status:		Examination form 114046	1 No.:	Division/Section:	Roll N	۱o.:	I add		
	2017016400840204		Eligible		· III	А	68	3	ypalaw
nstr	ruction Medium:					Nationality:	India		
				Student's Perso	onal Informat	ion			
Stud	lent's Name: YADAV	V PREETI SH	IREERAM			Mother's Name: F	PRAMILA		Gender: Female
Nam	ne in Vernacular Langua	age:यादव प्रीर्त	ो श्रीराम						
Addr	ress: AL-3/19/6, Kakasa	aheb Thorat F	Apt, Sector-19 Opp	NHP school					
City:	: Ai, Taluka: Thane, Dis	strict: Thane, S	State: Maharashtra	, PIN: 400708					
	phone no.:			oile no: 918097428895		Em:	nail : yadavpre	eti378@g	gmail.com
DOB	3: Oct 07, 1999	Ca	itegory: Open		Physically	y Handicap: No			
	vious Latest Examinatio		m IV(Regular-Rev1	16)	Exam Ever	nt: Apr-2019	Se	eat No: 32	246622 (Status: Pass)
	m form appearance type								
		ase select Pa	per details which y	ou want to appear (UA	- University /	Assessment,CA - C	college Asses	sment)	
SN	Paper Code	<u> </u>		Paper Name					AM - AT
1	88701		uality Assurance					-UA [] ;Th-	
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3	88703	Business Inte					-UA [] ;Th-		
4	88704	<u>'</u>	f Geographic Inform	nation Systems				-UA [] ;Th-	
5	88706	IT Service M					Th-UA [];Th-CA []		
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Cent	ter Preference (Code/N	lame):							
Venu	ue Preference (Code/Na	lame):							
To, T	The Controller of Exami	ination,						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 b	belief. I	Date:	
nave	gone through the sylla	abus and the I	list of books prescri	ribed for the examination or day fixed for universit	I for which I a	am appearing. I sha	all not	—	
othe	r ground. I understand t			tion being found false or					
canc	celled or rejected.							l s	tudent's Signature
Decl	laration by Principal/HO	D/Chairpers							tudonico organization
This resp	form is carefully scrutir	inized by the C rectification of	College staff and by f the information. He	y me. The information pr le/she is regular student					
Place	e:								
Date	c			College Sta	aff Signature			al and Sigr ncipal/HOI	nature of 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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: Eligibility Status: 2017016400840266 Provisional				Examination form 114047		Division/Section:	Ro	oll No.: 27	D. Martel		
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Instru	uction Medium:					Nationality:	India				
				Student's Person	nal Informati						
			KUMAR RAMACHI	EBBAR		Mother's Name:	KUSHLAW	/ATI (Gender: Male		
	e in Vernacular Langua			5 14 6 14 6 11							
MAN	DAL, MAURYA CHAW	L, GHOLAID	EVI NAGAR, KAL\	VA [E.] , THANE - 40060		R, KALWA [E.] , Ti	HANE - 400	605 ROOM I	NO. 75, GANESH MITRA		
	KALWA, Taluka: Than	e, District: Th									
	phone no.:	ı		ile no: 918422036994	T		nail : maury	anaveen33@	gmail.com		
	: May 08, 2000		egory: Open			Handicap: No		<u> </u>			
	ous Latest Examination		m IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019		Seat No: 32	46578 (Status: Pass)		
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1 88701 Software Quality Assurance								Γh-UA [] ;Th-			
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3		Business Inte	<u> </u>				-CA[]				
4 88704 Principles of Geographic Information Systems								Γh-UA [] ;Th-			
5		IT Service Ma		Γh-UA [] ;Th-	-CA[]						
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	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	te Fee Examination Fees				
Mark	Statement Fee		Total:								
Pavn	nent Details:	mount Recei	ived:	Colle	ege Receipt	No. and Date:					
DD N			MICR No:		DD Date:	TTO. UNA DUIC.	Т	Bank:			
	er Preference (Code/N	ame).									
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	he Controller of Exami							Place:	Vidvavibor		
			r the ensuing exan	nination. I have remitted	the prescribe	ed fee for the sam	e. I hereby	Piace:	Vidyavihar		
decla	ire that all statement m	ade in this ap	plication are true,	complete and correct to	the best of n	ny knowledge and	l belief. I	Date:			
				ibed for the examination or day fixed for university							
other	ground. I understand t			on being found false or i							
cance	elled or rejected.							St.	udent's Signature		
Decla	aration by Principal/HO	D/Chairnered	<u> </u>					1 31	adonto Oignaturo		
	•	•		me. The information pri	nted in the f	orm is correct to the	he hest of m	ny knowledae	e. Lalso undertake the		
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.										
Place	9:										
Data											
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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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	PRN:	Eligibility Status:	Examination form 114048		Division/Section:	Roll No.	: 1 That 49.D			
	2017016400840282	Provisional			Α	12				
nstr	uction Medium:				Nationality:	India	·			
			Student's Perso	nal Informati	on		1			
Stud	ent's Name: DEDHIA	A BHAVYA DINESH			Mother's Name: PR	ITI	Gender: Male			
Nam	e in Vernacular Langua	ge:देधिअ भव्य दिनेश								
Addr	ess: 3, NEW DHAPRE	BLDG., OPP. SARASWAT BAN	NK, BHAGAT SINGH RO	DAD, DOMBI	VILI EAST					
		n, District: Thane, State: Mahar								
	phone no.:		ile no: 919907351420	1	Email	:				
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		Details: Sem IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019	Seat	: No: 3246562 (Status: Pass)			
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3		Business Intelligence				A[];Th-CA[]				
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5		IT Service Management				Th-UA	A [];Th-CA []			
6	USIT6P1	Project Implementation			Pr-UA	Pr-UA []				
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8	USIT6P3	Business Intelligence Practical				Pr-UA	Pr-UA []			
9	USIT6P4	Principles of Geographic Inform	nation Systems Practical			Pr-UA				
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Го, Т	he Controller of Examir	nation,					Place: Vidyavihar			
req	uest permission to prese	ent myself for the ensuing exan ade in this application are true,	nination. I have remitted	the prescribe	ed fee for the same. I	hereby	Date:			
nave	gone through the syllal	bus and the list of books prescr	ibed for the examination	for which I a	m appearing. I shall r	not	Dutc.			
equ	est for any special conc	ession such as change in time hat in the event of any informati	or day fixed for universit	y Examinatio	n etc. on religious or	any				
	elled or rejected.	nat in the event of any informat	on being lound laise of	incorrect, my	candidature is liable	to be				
		D (0)					Student's Signature			
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resp	onsibility of fulfillment/re	ized by the College staff and by ectification of the information. H cording to university rules.								
Place	Đ:									
Date	:		College Staff Signature			Seal and Signature of Principal/HOD/Chairperson				



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

Application Form for Examination of Summer Session 2020 event.

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

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	PRN:	Eligi	bility Status:	Examination form 114049	ı No.:	Division/Section:	Roll No).:	Southable purer rishes	
	2017016400840935	Р	rovisional			Α	29			
Instr	uction Medium:	•				Nationality:	India			
				Student's Perso	nal Informati	on				
Stud	ent's Name: MISHR	A SAURABH	SUMAN MISHRA			Mother's Name: SI	JNAINA DEV	I	Gender: Male	
Nam	e in Vernacular Langua	age:सौरभ कुम	ार मिश्रा							
Addr	ess: FLAT NO. 204, BL	DG-A3,DEEI	PLAXMI RESIDEN	CY, VILLAGE-KALHER	,BHIWANDI	FLAT NO. 204, BLD	G-A3,DEEPL	AXMI R	ESIDENCY	
City:	BHIWANDI, Taluka: Bl	hiwandi, Distr	ict: Thane, State: M	laharashtra, PIN: 4213						
	ohone no.:			le no: 917378709059			I : SAURABH	MISHR	ASM1998@GMAIL.COM	
	: Jan 24, 1998	-	tegory: Open		Physically Handicap: No					
	ious Latest Examination		n IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Sea	t No: 32	46580 (Status: Pass)	
	n form appearance type			/ 11A	11-1 1 - /					
SN	er Details: Plea	ase select Pa	per details which yo	ou want to appear (UA	- University F	Assessment, CA - Co	ilege Assessr	nent)	AM - AT	
1	•	Software Out	ality Assurance	Paper Name			Th-LL	A [] ;Th		
2		Security in C					A [] ;Th			
3		Business Inte	<u> </u>					A [] ;Th		
4	88704	Principles of	Geographic Informa	ation Systems				A [] ;Th		
5	88706	IT Service M	anagement				Th-U	A [] ;Th	-CA[]	
6	USIT6P1	Project Imple	mentation				Pr-U	Pr-UA []		
7	USIT6P2	Security in C	omputing Practical				Pr-U	۹[]		
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10		Advanced M	obile Programming	F F 0 1-1- F				A []	_	
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wark	Statement Fee		Total:							
Payr	nent Details:	Amount Recei	ived:	Coll	ege Receipt	No. and Date:				
DD N	lo:		MICR No:		DD Date:		Bank	ί:		
Cent	er Preference (Code/N	ame):					·			
Venu	ie Preference (Code/Na	ame):								
	he Controller of Exami							Place:	Vidyavihar	
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have	gone through the sylla	bus and the l	ist of books prescril	bed for the examination	for which I a	m appearing. I shall	not			
				or day fixed for universit on being found false or						
	elled or rejected.			g	,				tudont's Cianaturo	
Dock	aration by Principal/HO	D/Chairners						<u> </u>	tudent's Signature	
	, ,	•		me. The information pr	inted in the f	orm is correct to the	best of my kn	owledae	e. Lalso undertake the	
resp		ectification of	the information. He	e/she is regular student						
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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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: Neha 114050 2017016400841084 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: PANDEY NEHA RAMRANJAN Mother's Name: POONAM Gender: Female Name in Vernacular Language:पांडे नेहा रामरंजन Address: B/12, LAXMI BAI CHAWL, KAJUPADA, KURLA WEST City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070 Telephone no.: Mobile no: 918898883301 Email: siddharthpandey054@gmail.com DOB: Feb 28, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246587 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code Paper Name AM - AT 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Pr-UA[] Security in Computing Practical 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] Exam Form Late Fee **Examination Fees** Convocation Fee Exam Form Super Late Fee Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: DD Date: DD No: MICR 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:

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

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'e-Suvidha' account on



Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: 114051 2017016400841722 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: JHA RAJIV BIJENDRANATH Mother's Name: PUNITA Gender: Male Name in Vernacular Language:झा राजीव बिजेन्द्रनाथ Address: 303-B,Balaji APt,Kisan Nagar No. 1 Wagle Estate,Thane West City: Mumbai, Taluka: , District: Thane, State: Maharashtra, PIN: 400604 Telephone no.: Mobile no: 919930456266 Email: jhaneha92@yahoo.in DOB: Dec 05, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246573 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code Paper Name AM - AT 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Pr-UA[] Security in Computing Practical 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] Exam Form Late Fee **Examination Fees** Convocation Fee Exam Form Super Late Fee Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: DD Date: DD No: MICR 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: College Staff Signature Seal and Signature of Principal/HOD/Chairperson



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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:



PRN: Eligibility Status:			114052	INU	Division/Secti	ion: R	Roll No.:	1210		
2	2017016400841931		Eligible		1	Α		40	Rahul.	
nstru	uction Medium:					Nationality:	India		-	
				Student's Person	nal Informati	ion				
Stude	ent's Name: PATHA	AK RAHUL VI	IPINKUMAR KIRAN	1		Mother's Nar	me: KIRAN		Gender: Male	
Namo	e in Vernacular Langua	age:पाठक राहु	, ल विपीनकुमार किरा	— ग						
Addro	ess: E-7 KAMAL KUN	J HSG SOC S	SHIVAJI NAGAR LI	NK ROAD						
City:	MUMBAI, Taluka: Kur	la, District: Mı	umbai Suburban, S	State: Maharashtra, PIN: 4	400084					
Teler	phone no.:		Mob	oile no: 919769345534			Email : rahul	pathak982@	@gmail.com	
DOB:	: May 20, 1999	Caf	tegory: Open		Physically	/ Handicap: No	,			
	ious Latest Examinatio		m IV(Regular-Rev1	6)	Exam Even	nt: Apr-2019		Seat No: 3	3246593 (Status: Pass)	
	n form appearance type									
		ase select Par	per details which y	ou want to appear (UA -	University F	\ssessment,C/	A - College As	sessment)		
SN	Paper Code			Paper Name				<u> </u>	AM - AT	
1	88701	-	ality Assurance					Th-UA [] ;T		
2	88702	Security in C						Th-UA [] ;T		
3	88703	Business Inte						Th-UA [] ;T		
4	88704	-	Geographic Inform	ation Systems				Th-UA [] ;T		
5	88706	IT Service M						Th-UA [] ;T	In-CA[]	
6	USIT6P1	Project Imple						Pr-UA []		
7 8	USIT6P2 USIT6P3	+	Computing Practical telligence Practical					Pr-UA [] Pr-UA []		
9	USIT6P4			nation Systems Practical				Pr-UA[]		
10	USIT6P6	1	lobile Programming					Pr-UA[]		
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V.C										
Paym	ment Details:	Amount Recei	ived:	Colle	ge Receipt	No. and Date:				
DD N	lo:		MICR No:		DD Date:			Bank:	<u> </u>	
Cente	er Preference (Code/N	lame):								
	ue Preference (Code/N									
-	The Controller of Exami	•						Place	e: Vidyavihar	
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have	gone through the sylla	abus and the l	list of books prescri	ibed for the examination f	for which I a	am appearing. I	I shall not	⊢		
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		Colorino po							Student's Signature	
	aration by Principal/HC	-		······ The information pri	istad in the f	in correct	to the heet of	knowled	dea I also undortake the	
respo	onsibility of fulfillment/r	rectification of	f the information. H	y me. The information prir le/she is regular student c						
cours	se/term work (if any) ad	ccording to ur	niversity rules.							
				<u> </u>						
Place	3 :									
Date:	•			College Staff Signature Seal and Signature of			Signature of			
				Oulogo o.a.	College Staff Signature			Seal and Signature of Principal/HOD/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

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

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PRN: Eligibility Status:			Examination for 114053	Examination form No.: 114053		Roll No	.:	logi			
	2017016400842176		Eligible			Α	7		Koshatt.		
nstr	uction Medium:	•				Nationality:	India				
				Student's Pers	onal Informati	on					
Stud	ent's Name: BHATT	KRUNAL MA	AHESH			Mother's Name: So	ONAL		Gender: Male		
Nam	e in Vernacular Langua	ge:कृणाल									
Addr	ess: 403, Shiv Krupa Ca	ama Lane Be	ehind Parvati Herita	age							
City:	Mumbai, Taluka: Mumb	ai, District: N	Mumbai City, State	: Maharashtra, PIN: 40	0086						
Tele	phone no.:		Mob	ile no: 918655571771	le no: 918655571771 Email : k				com		
	: Oct 02, 1999		tegory: Open		Physically	Handicap: No					
Prev	ious Latest Examination	Details: Ser	m IV(Regular-Rev1	6)	Exam Ever	t: Apr-2019	Seat	: No: 324	46557 (Status: Pass)		
	n form appearance type	: Fresher									
Pape	er Details: Pleas	se select Pa _l	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	88701	Software Qua	ality Assurance				Th-U	A [] ;Th-	CA[]		
2	88702	Security in C	omputing				Th-UA	A [] ;Th-	CA[]		
3	88703 E	Business Inte	elligence				Th-UA	A [] ;Th-	CA[]		
4	88704 F	Principles of	Geographic Inform	ation Systems			Th-U	A [] ;Th-	CA[]		
5 88706 IT Service Management Th-							Th-U	A [] ;Th-	CA[]		
6	USIT6P1 F	USIT6P1 Project Implementation P							Pr-UA[]		
7	USIT6P2	Security in C	ecurity in Computing Practical Pr-UA []								
8	USIT6P3	Business Inte	Business Intelligence Practical Pr-UA []								
9		Principles of Geographic Information Systems Practical Pr-UA []									
10	<u> </u>		obile Programming				Pr-UA				
Conv	ocation Fee		Exam Form Late	ee Exam Form Super Late Fee			<u> </u>	mination	Fees		
Mark	Statement Fee		Total:	·							
	1										
Payr	nent Details: A	mount Recei	ived:	Co	llege Receipt	No. and Date:					
1 dc			MICR No:		DD Date:		Bank	Bank:			
Cent	er Preference (Code/Na	ime):									
∕enι	ue Preference (Code/Na	me):									
Го, Т	The Controller of Examin	nation,						Place:	Vidyavihar		
	uest permission to prese							Date:			
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equ	est for any special conce	ession such	as change in time	or day fixed for univers	ity Examination	on etc. on religious of	any				
	r ground. I understand the elled or rejected.	nat in the eve	ent of any informati	on being found false o	r incorrect, my	candidature is liable	e to be				
Jane	clica of rejected.							St	udent's Signature		
Decl	claration by Principal/HOD/Chairperson										
resp	form is carefully scrutini onsibility of fulfillment/re se/term work (if any) acc	ctification of	the information. H								
Plac	e:										
Date:				College S	taff Signature				nature of D/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

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

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	PRN:	Eligi	ibility Status:	Examination forn 114054	n No.:	Division/Section:	Roll No	.:	Atanais.	
	2017016400842296	P	rovisional		III	Α	55		7	
Instr	uction Medium:		-			Nationality:	India			
				Student's Perso	onal Informati	on				
Stud	ent's Name: SONI S	SURAJKUMA	R RAKESHKUMAF	₹		Mother's Name: U	SHA SONI	(Gender: Male	
Nam	e in Vernacular Langua	age:सोनी सुरार	जकुमार राकेशकुमार							
Addr	ess: SAI DHAM SOC F	ROAD NO 22	INDIRA NAGAR C	OPP JOST BLDG WAG	LE ESTATE					
City:	THANE, Taluka: Thane	e, District: Th	ane, State: Mahara	ashtra, PIN: 400604						
	phone no.:		Mob	ile no: 918652645905		Ema	il : surajsoni98	367@gn	nail.com	
	: May 02, 1999		tegory: Open		, ' ' '	Handicap: No				
	ious Latest Examination		m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Seat	t No: 32	46609 (Status: Pass)	
	n form appearance type				11.1.1.1.1.1.1.1					
		ase select Pa	per details which yo	ou want to appear (UA	- University F	Assessment,CA - Co	llege Assessn	nent)	AM AT	
SN 1	Paper Code 88701	Software Ou	ality Assurance	Paper Name			Th-LI	A [] ;Th-	AM - AT	
2		Security in C						A [] ;Th-		
3		Business Inte	<u> </u>					A[];Th-		
4			Geographic Inform	nation Systems				A [] ;Th-		
5		IT Service M		<u> </u>				 A [] ;Th-		
6	USIT6P1	Project Imple	ementation				Pr-UA	۱] ۲		
7	USIT6P2	Security in C	Computing Practical				Pr-UA	۱[]		
8	USIT6P3	Business Inte	elligence Practical				Pr-UA	A[]		
9	USIT6P4	Principles of	Geographic Inform	nation Systems Practica	al		Pr-UA	۱[]		
10		Advanced M	obile Programming				Pr-UA			
	ocation Fee		Exam Form Late I	Fee	ee Exam Form Super Late Fee			mination	ı Fees	
Mark	Statement Fee		Total:							
Payr	nent Details:	Amount Recei	ived:	Col	lege Receipt	No. and Date:				
DD N			MICR No:		DD Date:		Bank	Bank:		
Cent	er Preference (Code/Na	ame):							'	
Venu	ue Preference (Code/Na	ame):								
To, 1	he Controller of Exami	nation,						Place:	Vidyavihar	
decla	are that all statement m	nade in this ap	oplication are true,	nination. I have remitted complete and correct to ibed for the examination	the best of n	ny knowledge and b	elief. I	Date:		
requ	est for any special cond	cession such	as change in time of	or day fixed for universi	ty Examination	n etc. on religious o	r any			
	r ground. I understand t elled or rejected.	that in the eve	ent of any informati	on being found false or	incorrect, my	candidature is liabl	e to be			
								St	tudent's Signature	
This		nized by the C	College staff and by	me. The information p						
	onsibility of fulfillment/re se/term work (if any) ac			e/she is regular student	t of this Colle	ge and nas complete	ea tne required	attenda	ance and practical	
Place	e:									
Date	:			College St	aff Signature				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.

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

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	PRN:	Eligi	ibility Status:	Examination form 114055	n No.:	Division/Section:	Roll No).:	9 - 1-	
	2017016400842346		Eligible			Α	4		Spaile	
nstr	uction Medium:	•				Nationality:	India		•	
				Student's Perso	onal Informat	on				
Stud	ent's Name: SHRUT	TIKA SUBOD	HKUMAR BAILE			Mother's Name: J	/OTI		Gender: Female	
Nam	e in Vernacular Langua	age:श्रुतिका सु	बोधकुमार बैले							
٩ddr	ess: 405/B New Gange	shwar Palac	e, Kalunagar,Thakı	urwadi Dombivli (w)						
City:	Dombivli, Taluka: Kalya	an, District: T	hane, State: Maha	rashtra, PIN: 421202						
Tele	phone no.: 2499871			ile no: 918424055641		Ema	il : shrutikasba	aile@gn	nail.com	
	: May 05, 2000		tegory: Reserved (S	•	, , , , , , , , , , , , , , , , , , , 	Handicap: No				
	ious Latest Examination		m IV(Regular-Rev1	6)	Exam Ever	t: Apr-2019	Sea	t No: 32	46555 (Status: Pass)	
	n form appearance type									
		ise select Pa	per details which yo	ou want to appear (UA	- University /	Assessment,CA - Co	llege Assessr	nent)	A.N.A. A.T.	
SN 1	Paper Code 88701	Software Ou	ality Assurance	Paper Name			Th II	A [] ;Th	AM - AT	
2		Security in C	,					A[];Th		
3		Business Inte						A[];Th		
4			Geographic Inform	ation Systems				A[];Th		
5		IT Service M		,				A [] ;Th		
6		Project Imple						Pr-UA []		
7	USIT6P2	Security in C	Computing Practical				Pr-U/	۹[]		
8	USIT6P3	Business Inte	elligence Practical				Pr-U	۹[]		
9	USIT6P4	Principles of	Geographic Inform	ation Systems Practica	I		Pr-U	۹[]		
10	USIT6P6	Advanced M	obile Programming				Pr-U	۱] ۵		
Conv	ocation Fee		Exam Form Late F	Fee	ee Exam Form Super Late Fee			minatior	n Fees	
Mark	Statement Fee		Total:							
Pavr	nent Details:	Amount Rece	ived·	Coll	lege Receipt	No. and Date:				
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Cent	er Preference (Code/Na	ame):	<u> </u>							
√enι	ue Preference (Code/Na	ame):								
Го, Т	he Controller of Exami	nation,						Place:	Vidyavihar	
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

ralized Job Opportunities. Competitive Exams. Career Fairs etc., click on 'EASY' link in your 'e-Si

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



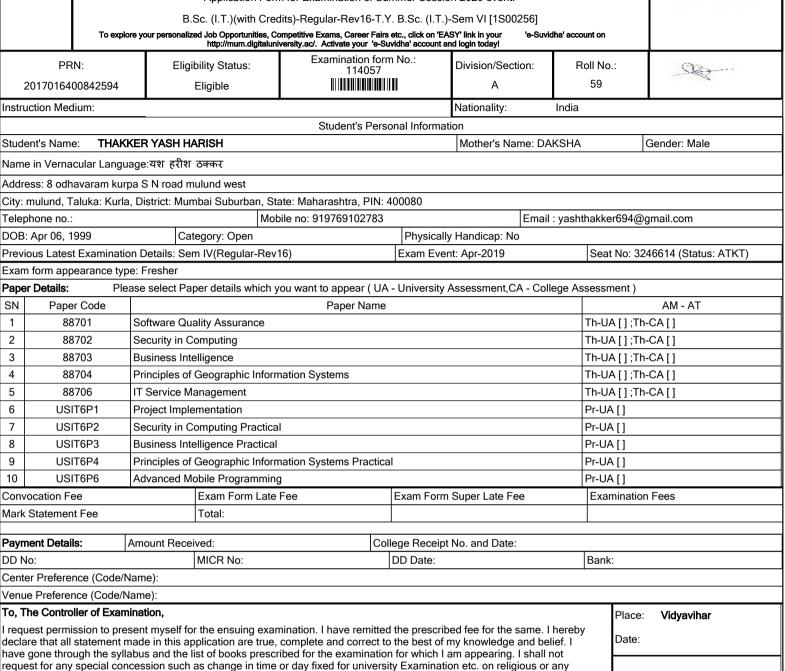
	PRN:	Eligi	bility Status:	Examination for 114056	m No.:	Division/Section:	Roll No	o.:	V. 11 (1) (1	
	2017016400842427	Pi	rovisional			Α	6		K.M. Chanushali	
nstrı	uction Medium:					Nationality:	India			
				Student's Pers	sonal Informati	on				
Stud	ent's Name: KARAN	MOHANLAL	BHANUSHALI			Mother's Name: Da	AMAYANTI	(Gender: Male	
Nam	e in Vernacular Langua	ge:करण मोहर	 नलाल भानुशाली							
Addr	ess: 3/8 JUBER CHAV	VL,KULKARN	NI WADI SUBHASI	H NAGAR,BARVE NA	GAR GHATKO	PAR(W)				
City:	MUMBAI, Taluka: Mum	nbai, District:	Mumbai City, State	e: Maharashtra, PIN: 4	00084					
Tele	ohone no.:		Mob	ile no: 917802995050		Emai	l : karan.bha	nushali00	01@gmail.com	
OOB	: May 01, 1998	Cat	tegory: Open		Physically	Handicap: No				
⊃rev	ious Latest Examination	n Details: Ser	n IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Sea	ıt No: 324	46556 (Status: Pass)	
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1			ality Assurance					JA [] ;Th-		
2		Security in C	<u> </u>					JA [] ;Th-		
3		Business Inte						JA [] ;Th-		
4		•	Geographic Inform	lation Systems				JA [] ;Th-		
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	est for any special conc r ground. I understand t									
	elled or rejected.		,	3	,				tudent's Signature	
Dool	aration by Principal/HO	D/Chairners	<u></u>					31	udent's Signature	
	form is carefully scrutin	•		me. The information	printed in the f	orm is correct to the	best of mv kr	nowledae	e. I also undertake the	
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.



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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

Place:		
Date:	College Staff Signature	Seal and Signature of
	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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1800256]

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



PRN: Eligibility Status:		Examination form 114058	n No.:	Division/Section:	Roll No	.:	Sameer		
	2017016400842996		Eligible			Α	31		-timee x
nstr	uction Medium:					Nationality:	India		
				Student's Perso	onal Informati	on			
Stud	ent's Name: MOMIN	SAMEER M	OHAMMAD			Mother's Name: R	ASHIDA		Gender: Male
Nam	e in Vernacular Langua	ge:समीर मोह	म्मद मोमिन						
Addr	ess: SANTISHI MATA I	NAGAR,ROC	OM NO-4586 CHA\	WL NO-393,TAGORE N	AGAR VIKHI	ROLI-(E), MUMBAI			
City:	MUMBAI, Taluka: Mum	bai, District:	Mumbai City, State	e: Maharashtra, PIN: 40	0083				
	ohone no.:		Mob	ile no: 918879637027		Emai	l : m82864095	544@gn	nail.com
	: Feb 24, 2000		tegory: Open		Physically	Handicap: No			
	ious Latest Examinatior		m IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019	Seat	No: 324	46582 (Status: Pass)
	n form appearance type								
		se select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessn	nent)	
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	he Controller of Examin							Place:	Vidyavihar
req	uest permission to pres	ent myself fo		nination. I have remitted complete and correct to				Date:	Vidyaviilai
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2001	anation by Dringing (/ IO	D/Oh = i =						St	tudent's Signature
This resp	eclaration 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 ourse/term work (if any) according to university rules.								
Place	ə:								
Date									
Jaio	•		College Sta	aff Signature				nature of D/Chairperson	



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

Application Form for Examination of Summer Session 2020 event.

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

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PRN: Eligibility Status:			Examination for 114059		Division/Section:	Roll No.:	.:	Satendra		
2	2017016400843044	Eligible			А	18	1			
nstru	ıction Medium:				Nationality:	India				
			Student's Per	rsonal Informati	ion					
tude	ent's Name: GUPTA	SATYENDRA SANTOSH			Mother's Name: KIF	RAN	(Gender: Male		
— lam∈	e in Vernacular Languag	 ge:गुप्ता सत्येंद्र संतोष								
∖ddr€	ess: LOKMANYA NAGA	AR, PADA NO. 3 RAM SITA NI	WAS, BEHIND BALA	JI APT						
City:	THANE, Taluka: Thane	e, District: Thane, State: Mahara	ashtra, PIN: 400606							
elep	hone no.:	Mot	oile no: 919819327875	5	Email	l : satendragup	ota1000)@gmail.com		
OB:	: Apr 01, 1998	Category: Open		Physically	y Handicap: No					
revi	ous Latest Examination	n Details: Sem IV(Regular-Rev1	16)	Exam Ever	nt: Apr-2019	Seat	No: 324	46569 (Status: Pass)		
xam	n form appearance type:	: Fresher								
ape	r Details: Pleas	se select Paper details which y	ou want to appear (U	A - University /	Assessment,CA - Coll	lege Assessm	ent)			
SN	Paper Code		Paper Name	e				AM - AT		
1	88701 S	Software Quality Assurance				Th-UA	\[];Th-	-CA[]		
2	88702 S	Security in Computing				Th-UA	\[];Th-	-CA[]		
3	88703 B	Business Intelligence				Th-UA	\ [] ;Th-	-CA[]		
4	88704 F	Principles of Geographic Inform	nation Systems		,		\ [] ;Th-			
5		IT Service Management								
6		Project Implementation					Th-UA [];Th-CA [] Pr-UA []			
7		· ·	urity in Computing Practical Pr-UA []							
8		Business Intelligence Practical	<u> </u>			Pr-UA				
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		ent myself for the ensuing exan	nination. I have remitte	ad the prescrib	ed fee for the same I		Place:	Vidyavihar		
		ade in this application are true,					Date:			
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		cording to university rules.	E/She is regular stage.	TIL OI UIIO OOIIO	Je ana nas completet	I the required	allonac	and practical		
										
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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PRN: Eligibility Status:			Examination form No.: 114060		Division/Section:	Roll No).:	\ \(\text{ii} \) = 0		
	2017016400843284		Eligible			D	34		Vikas	
nstr	uction Medium:	!				Nationality:	India			
				Student's P	ersonal Informati	on				
Stud	ent's Name: PADHI \	VIKAS MAGI	IT			Mother's Name: NA	AMITA		Gender: Male	
Nam	e in Vernacular Languaç	ge:पढ़ी विका	ास मागित							
Addr	ess: ISMAIL CHAWL, H	IARIYALI VIL	LAGE, TAGORE I	NAGAR, GROUP N	O-2 VIKHROLI E	AST,				
City:	MUMBAI, Taluka: Kurla	n, District: Μι	ımbai Suburban, S	tate: Maharashtra, I	PIN: 400083					
Tele	phone no.:		Mob	ile no: 9188989205	Emai	I : VIKASPAD	HI5@GI	MAIL.COM		
	: Jul 30, 1999		tegory: Open		Physically	Handicap: No				
	ious Latest Examination		m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Seat	t No: 324	46585 (Status: Pass)	
	n form appearance type:									
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SN	Paper Code			Paper Nai	Paper Name				AM - AT	
1			ality Assurance					A [] ;Th-		
2		Security in C	<u> </u>					A [] ;Th-		
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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PRN: Eligibility Status:			Examination form 114061	n No.:	Division/Section:	Roll No).:		
	2017016400843713	Eligible		II	Α	16		Cacini.	
nstrı	uction Medium:	_	•		Nationality:	India			
			Student's Perso	nal Informati	on				
Stud	ent's Name: RASIKA	NARENDRA GOSAVI			Mother's Name: NI	EHA	(Gender: Female	
lam	e in Vernacular Languag	ge:रसिका नरेंद्र गोसावी							
Addr	ess: room no 8 raj hans	chawl, d-mello house narda	s nager bhandup west						
City:	mumbai , Taluka: Kurla,	District: Mumbai Suburban, S	State: Maharashtra, PIN:	400078					
	phone no.:		bile no: 917666043246			l : rasikagosa	vi245@g	gmail.com	
	: Nov 15, 1999	Category: Reserved	· · · //	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Handicap: No				
		Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Sea	t No: 324	46566 (Status: Pass)	
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1		Software Quality Assurance					A [] ;Th-		
2		Security in Computing					A [] ;Th-		
3		Business Intelligence Principles of Geographic Infort	nation Systems				A [] ;Th- A [] ;Th-		
5		T Service Management	nation Systems						
6		Project Implementation					Th-UA [];Th-CA [] Pr-UA []		
7		Security in Computing Practical	al			Pr-U/			
8		Business Intelligence Practica				Pr-U/			
9		Principles of Geographic Infor		 		Pr-U/			
10		Advanced Mobile Programmin				Pr-U/			
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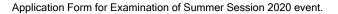
Place:

Date:

University of Mumbai, Mumbai

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

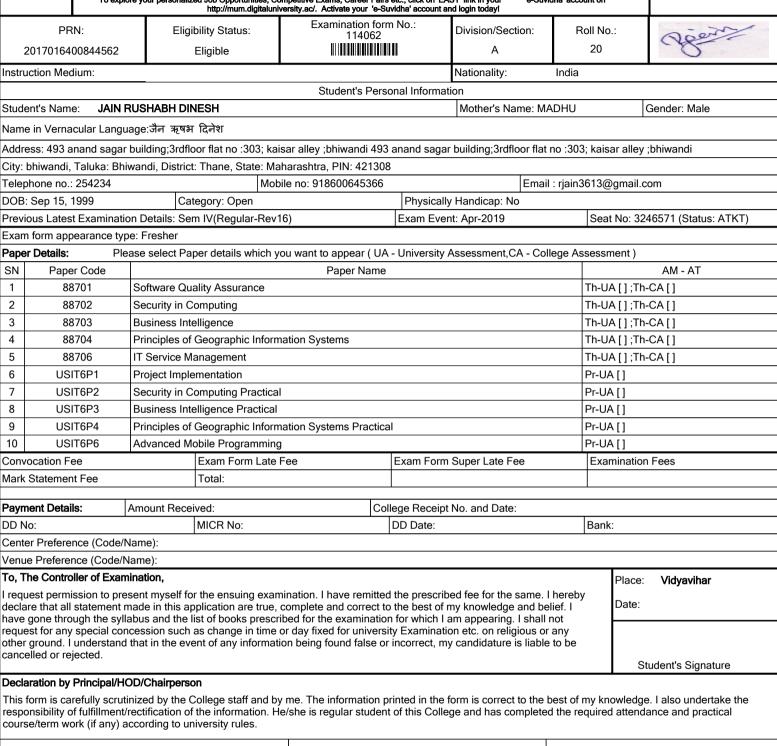


B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



College Staff 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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]
nalized Job Opportunities. Competitive Exams. Career Fairs etc., click on 'EASY' link in your 'e-S

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Examination form No.:

Disciple 16



	PRN:	Eligi	bility Status:	114063	INO	Division/Secti	on: R	oll No.:	The state of the s	
	2017016400844643		Eligible		I	Α		13	4-3	
Instru	uction Medium:	•	•			Nationality:	India		•	
				Student's Person	nal Informat	on				
Stud	ent's Name: ROOP	ALI HARSHA	D DODHIA			Mother's Nar	ne: HASMITA	١	Gender: Female	
Nam	e in Vernacular Langua	age:રૂપાલી								
Addr	ess: B/12 , 703 MANS/	AROVAR VAI	RAL DEVI LAKE							
City:	BHIWANDI, Taluka: B	hiwandi, Distr	rict: Thane, State: M	Maharashtra, PIN: 42130)5					
Tele	phone no.:		Mobi	le no: 918087235000	_		Email : roopa	alidodhia	a@gmail.com	
DOB	: Dec 03, 1999	Cat	tegory: Open		Physically	Handicap: No				
	ious Latest Examinatio		m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019		Seat N	No: 3246563 (Status: P	ass)
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SN	Paper Code			Paper Name					AM - AT	
1	88701		ality Assurance						[];Th-CA[]	
2	88702	Security in C							[];Th-CA[]	
3	88703 88704	Business Inte		ation Systems					[];Th-CA[] [];Th-CA[]	
5	88706	IT Service M	Geographic Inform	ation Systems					[];Th-CA[]	
6	USIT6P1	Project Imple	<u> </u>					Pr-UA [
7	USIT6P2		omputing Practical					Pr-UA [-	
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	ue Preference (Code/N									
	The Controller of Exami							T	Noos Vidyayihay	
			r the ensuing exam	ination. I have remitted	the prescrib	ed fee for the s	ame. I hereb		Place: Vidyavihar	
decla	are that all statement m	ade in this ap	oplication are true, o	complete and correct to	the best of n	ny knowledge a	and belief. I	´ [c	Date:	
				bed for the examination or day fixed for university						
othe	r ground. I understand			on being found false or i						
canc	elled or rejected.								Student's Signatur	e
Decl	aration by Principal/HC	D/Chairperso	on							
				me. The information pri						
	onsibility of fulfillment/r se/term work (if any) ad			e/she is regular student o	of this Colle	ge and nas con	npietea the re	equirea a	attendance and practic	aı
	. ,,		-							
Place	e:									
				-						
Date	:									
						nd Signature of al/HOD/Chairperson				



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

Application Form for Examination of Summer Session 2020 event.

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

ralized Job Opportunities. Competitive Exams. Career Fairs etc., click on 'EASY' link in your 'e-Si

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PRN: Eligibility Status:			Examination form 114064	ı No.:	Division/Section:	Roll No.	.:	Mansdale
	2017016400844836	Eligible			Α	26		Amoundale.
nstrı	uction Medium:	_			Nationality:	India	-	
			Student's Perso	nal Informati	on			
Stud	ent's Name: MANDA	LE NISHA ANIL			Mother's Name: KA	VITA	Ge	nder: Female
lam	e in Vernacular Languaç	ge:मांदळे निशा अनिल						
Addr	ess: R/2 Omkar Mitra M	andal Sandesh Nagar Bail Baz	zar kurla (west) Mumbai-	-70				
City:	Mumbai, Taluka: Kurla,	District: Mumbai Suburban, St	ate: Maharashtra, PIN: 4	400070				
ele	phone no.:	Mot	pile no: 919930637820		Email	: mandalenis	ha2502@	gmail.com
	: Feb 25, 2000	Category: Open		Physically	Handicap: No			
		Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Seat	No: 3246	577 (Status: Pass)
	n form appearance type:							
		se select Paper details which y		- University A	ssessment,CA - Coll	ege Assessm	nent)	
SN	Paper Code		Paper Name	Paper Name				AM - AT
1		Software Quality Assurance					A [] ;Th-CA	
2		Security in Computing					A [] ;Th-CA	
3		Business Intelligence					\[];Th-CA	
4 88704 Principles of Geographic Information Systems Th-UA [];Th-CA [] 5 88706 IT Service Management Th-UA [];Th-CA []								
6								
7		Security in Computing Practica	<u> </u>			Pr-UA		
8		Business Intelligence Practical	1			Pr-UA		
9		Principles of Geographic Inforn	nation Systems Practical	<u> </u>		Pr-UA		
10		Advanced Mobile Programming	-	•		Pr-UA		
	ocation Fee	Exam Form Late		Exam Form	Super Late Fee		nination Fe	ees
	Statement Fee	Total:						
						I		
		mount Received:			No. and Date:			
DD N		MICR No:		DD Date:		Bank:		
	er Preference (Code/Na	· · · · · · · · · · · · · · · · · · ·						
	ue Preference (Code/Na	<u>'</u>					<u> </u>	
	The Controller of Examin	•	ata anta a Tiba a sa a astro al	0	al Car Cardlan and a l	la a cala	Place:	Vidyavihar
lecla	are that all statement ma	ent myself for the ensuing exar ade in this application are true,	complete and correct to	the best of m	y knowledge and bel	ief. I	Date:	
		ous and the list of books prescr ession such as change in time						
the	r ground. Í understand th	nat in the event of any informat						
anc	elled or rejected.						Stud	ent's Signature
Decl	aration by Principal/HOI	D/Chairperson						Ţ.
esp	onsibility of fulfillment/re	zed by the College staff and by ctification of the information. Hoording to university rules.						
Place	e:							
Date	:		College Sta	aff Signature			and Signat	ure of Chairperson



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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Principal/HOD/Chairperson

Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: 114065 2017016400844883 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: JADHAV JUHI SANDEEP Mother's Name: RUCHIRA Gender: Female Name in Vernacular Language:जाधव जूही संदीप Address: Room no. B-105 Trinity hou. soc I.I.T Maingate Powai City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076 Telephone no.: Mobile no: 918692890168 Email: jadhav.juhi24@gmail.com DOB: Aug 24, 1999 Category: Reserved (SC) Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246570 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code Paper Name AM - AT 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Security in Computing Practical Pr-UA[] 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] **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: DD No: MICR 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: 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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN:		Eligibility Status:	Examination form No.: 114066		Division/Section:	Roll No.:	:		
	2017016400845163 Eligible		А	11		district.			
Instr	uction Medium:				Nationality:	India			
			Student's Perso	nal Informati	ion				
Stud	ent's Name: CHODA	ANKAR SAMIKSHA SATISH			Mother's Name: SN	IEHAL		Gender: Female	
Nam	e in Vernacular Langua	ige:चोडणकर समिक्षा सतीश							
Addr	ess: SAI SAMARTH CH	HAWL, ROOM NO 04 SAI NAG	AR , NR GANESH VIDY	ALAYA KHA	REGAON, KALWA				
City:	THANE, Taluka: Thane	e, District: Thane, State: Mahara							
	phone no.:		oile no: 919594880698			: samikshach	odanka	r24@gmail.com	
DOB: Aug 01, 1999 Category: Open Physically Handicap: No									
_		n Details: Sem IV(Regular-Rev1	16)	Exam Even	it: Apr-2019	Seat	No: 324	16561 (Status: Pass)	
	n form appearance type								
·	1	se select Paper details which y	ou want to appear (UA -	- University A	Assessment,CA - Coll	ege Assessm	ent)		
SN	Paper Code		Paper Name					AM - AT	
1		Software Quality Assurance					۲ [] ;Th-(
2	88702	Security in Computing					۲ [];Th-۱		
3		Business Intelligence					۲ [];Th-۱		
4		Principles of Geographic Inform	nation Systems				۲ [];Th-۱		
5		IT Service Management				Th-UA	۲ [];Th-۱	CA []	
6	USIT6P1	Project Implementation				Pr-UA	[]		
7	USIT6P2	Security in Computing Practical Pr-UA []							
8	USIT6P3	Business Intelligence Practical				Pr-UA	[]		
9	USIT6P4	Principles of Geographic Inform	nation Systems Practical			Pr-UA			
10	USIT6P6	Advanced Mobile Programming	1			Pr-UA	.[]		
	ocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exam	nination	Fees	
Mark	Statement Fee	Total:							
Davr	ment Details:	mount Received:	Colle	age Receipt	No. and Date:				
DD N		MICR No:	<u> </u>	DD Date:	No. and Date.	Bank:			
	er Preference (Code/Na		DD Duid.			Dank.	Dank.		
	ue Preference (Code/Na								
	The Controller of Exami					I	Diama	N. d. and the are	
		ent myself for the ensuing exan	nination. I have remitted	the prescribe	ed fee for the same I		Place:	Vidyavihar	
decla	are that all statement m	ade in this application are true, bus and the list of books prescr	complete and correct to	the best of n	ny knowledge and be	lief. I	Date:		
		cession such as change in time							
		hat in the event of any informati	ion being found false or i	incorrect, my	candidature is liable	to be			
cand	elled or rejected.						Stı	udent's Signature	
Decl	aration by Principal/HO	D/Chairperson				•			
resp	onsibility of fulfillment/re	nized by the College staff and by ectification of the information. H ecording to university rules.							
Plac	e:								
Date:									

College Staff 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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256] 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 'e-Suvidha' account on Examination form No.: 114067 PRN: Eligibility Status: Division/Section: Roll No.: 2017016400845205 Eligible Instruction Medium: Nationality: India Student's Personal Information Student's Name: **SAWANT NEHAL SHYAM** Mother's Name: SHIVANI Gender: Female Name in Vernacular Language:marathi Address: a1/1 ,kailas park chirag nagar ghatkopar City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086 Telephone no.: 25160844 Mobile no: 918080108024 Email: nehalsawant26@gmail.com DOB: May 03, 1999 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246599 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)

SN	Paper Code	Paper Nar	AM - AT			
1	88701	Software Quality Assurance		Th-UA [] ;Th-CA []		
2	88702	Security in Computing		Th-UA [] ;Th-CA []		
3	88703	Business Intelligence		Th-UA [] ;Th-CA []		
4	88704	Th-UA[];Th-CA[]				
5	88706	IT Service Management		Th-UA [] ;Th-CA []		
6	USIT6P1	Project Implementation		Pr-UA []		
7	USIT6P2		Pr-UA []			
8	8 USIT6P3 Business Intelligence Practical			Pr-UA []		
9 USIT6P4 Principles of Geographic Information Sy			ical	Pr-UA[]		
10	USIT6P6	Pr-UA []				
Conv	ocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees		
Mark	Statement Fee	Total:				

Payment Details:	Amount Recei	ved:	College Receipt No. and Date:				
DD No:		MICR No:	DD Date:	Bank:			
enter Preference (Code/Name):							

Venue Preference (Code/Name): To, The Controller of Examination,

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

Place:	Vidyavihar
Date:	

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

			nup.//mam.uigitaluni	versity.acr. Activate your e-c	Juviuna account an	id logili today:				
	PRN:	Elig	ibility Status:	Examination for 114068	rm No.:	Division/Section:	Roll No.).:	6.	
2017016400845302			Eligible			А	65		Landha	
nstruc	ction Medium:					Nationality:	India			
				Student's Pers	sonal Informati	ion				
Studen	nt's Name: SHRAD	HA PRAKAS	SH VISHWAKARM	A		Mother's Name: RA	ASHMI	C	Gender: Female	
lame	in Vernacular Langua	ige:SHRADF	-IA			-1				
ddres	s: NEAR GAVDEVI N	JANDIR, RO	OOM NO-4, SHYAN	MLAL CHAWL, GAVDE	EVI ROAD, BF	HANDUP (W), MUMB	AI-400078			
City: M	y: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078									
Telephone no.: 022 Mobile no: 917039857109 Email : vikash300224927@gmail.com								gmail.com		
OB: N	May 19, 1999	Ca	ategory: Open		Physically	y Handicap: No				
revio	us Latest Examination	n Details: Se	m IV(Regular-Rev1	(6)	Exam Even	nt: Apr-2019	Seat	i No: 324	46618 (Status: Pass)	
xam f	form appearance type	: Fresher								
aper	Details: Pleas	se select Pa	per details which y	rou want to appear (UA	A - University A	Assessment,CA - Col	lege Assessn	nent)		
SN	Paper Code			Paper Name	-				AM - AT	
1		Software Qu	uality Assurance				Th-U/	A [] ;Th-0	CA[]	
2	88702	Security in C	Computing				Th-U <i>f</i>	Th-UA [] ;Th-CA []		
3	88703 E	Business Inte	.elligence				Th-U/	Th-UA [];Th-CA []		
4	88704 I	Principles of	f Geographic Inform	ation Systems	on Systems Th-				CA[]	
5	88706 I	IT Service M	lanagement				Th-U <i>f</i>	-UA [] ;Th-CA []		
6	USIT6P1	Project Imple	ementation					Pr-UA []		
7	USIT6P2	Security in C	Computing Practical	<u>I</u>			Pr-UA	۱ []		
8	USIT6P3	Business Inte	telligence Practical				Pr-UA	۱[]		
9		· · · · · · · · · · · · · · · · · · ·		nation Systems Practic	:al		Pr-UA	۱[]		
10	USIT6P6	Advanced M	Nobile Programming				Pr-UA	۱ []		
Convo	cation Fee		Exam Form Late I	Fee	e Exam Form Super Late Fee			mination	Fees	
/lark S	Statement Fee		Total:							
Payme	ent Details: A	Amount Rece	eived:	Cr	ollege Receipt	No. and Date:				
D No			MICR No:		DD Date:			ί:		
Center	r Preference (Code/Na	ame):								
/enue	Preference (Code/Na	ame):								
o, Th	e Controller of Examir	nation,						Place:	Vidyavihar	
leclare	e that all statement ma	ade in this ap	pplication are true,	nination. I have remitte complete and correct t ibed for the examination	to the best of n	my knowledge and be	elief. I	Date:	•	
eques ther g	st for any special conc ground. I understand th	cession such	as change in time	or day fixed for universion being found false o	sity Examination	on etc. on religious or	r any			
ancelled or rejected.					1	Stı	udent's Signature			
eclar	ation by Principal/HOI	D/Chairpers	on							
espon	orm is carefully scrutini nsibility of fulfillment/re e/term work (if any) acc	ectification of	f the information. He	y me. The information le/she is regular studer	printed in the font of this Colle	orm is correct to the b	pest of my kno d the required	owledge. I attenda	. I also undertake the ance and practical	
Place:										
late.										

College Staff Signature



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

Application Form for Examination of Summer Session 2020 event.

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

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	PRN:	Eligi	ibility Status:	Examination form No.: 114069		Division/Section:	Roll No.	.:	Tilla	
2	2017016400845735		Eligible				57			
nstru	uction Medium:					Nationality:	India	!		
				Student's Perso	onal Informati	<u> </u>				
Stude	ent's Name: THAKK/	AR OM MUK	(ESH			Mother's Name: JY	OTI	C	Gender: Male	
Name	e in Vernacular Langua	ge:ठक्कर ओ	————— म मुकेश			1				
				dir, Hans Nagar, Khopat	t, Thane (W)					
	Thane, Taluka: Thane,				, ()					
	phone no.:			ile no: 917506576388		Emai	l : om.t@soma	aiya.edu		
ОВ	: Jul 08, 1999	Cat	tegory: Open		Physically	Handicap: No				
revi	ious Latest Examination	Details: Sei	m IV(Regular-Rev1	6)	Exam Ever	nt: Apr-2019	Seat	No: 324	46612 (Status: Pass)	
xan	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 - Col	lege Assessm	nent)		
SN	Paper Code			Paper Name					AM - AT	
1	88701	Software Qu	ality Assurance				Th-U/	۲ [] ;Th-(CA[]	
2	88702	Security in C	omputing				Th-U/	۲ [] ;Th-(CA[]	
3	88703 E	Business Inte	elligence					۲ [] ;Th-(
4			Geographic Inform	ation Systems				4 [] ;Th-0		
5			T Service Management Th-UA [];Th-CA []							
6			Project Implementation Pr-UA []							
7			Security in Computing Practical Pr-UA []							
8		Business Intelligence Practical Pr-UA []								
9				nation Systems Practical	l		Pr-UA			
10		Advanced M	obile Programming		<u> </u>			Pr-UA []		
	rocation Fee		Exam Form Late	Fee	e Exam Form Super Late Fee			Examination Fees		
/lark	Statement Fee		Total:							
avn	nent Details:	mount Rece	ived:	Coll	ege Receipt	No. and Date:				
DD N			MICR No:	DD Date:			Bank	 :		
Cente	er Preference (Code/Na	me):	1	1						
	ie Preference (Code/Na									
o, T	he Controller of Examir	nation,						Place:	Vidyavihar	
				nination. I have remitted					,	
				complete and correct to ibed for the examination				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			
	•	nat in the eve	ent of any informati	ion being found false or	incorrect, my	candidature is liable	to be			
ancelled or rejected.						Stu	udent's Signature			
Decla	aration by Principal/HOI	D/Chairperso	on							
espo	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:										
_·										
)ate:				College St:	aff Signature		Seal a	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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN:		Eligil	bility Status:	us: Examination form No.:		Division/Section:	Roll No.	.:	OM
	2017016400845751		Eligible			Α	48		0.1
Instru	uction Medium:	_!				Nationality:	India		
		_		Student's Perso	onal Informati	on			
Stud	ent's Name: SHELAF	R OMKAR SA	AHADEV			Mother's Name: SH	ЮВНА		Gender: Male
Nam	e in Vernacular Langua	ge:मराठी							
Addr	ess: khandoba tekdi , ja	y mangal mu	ırti society jay mal	har nagar,golibar road ç	hatkopar we	st			
City:	mumbai, Taluka: Kurla,	, District: Mur	mbai Suburban, St	ate: Maharashtra, PIN:	400086				
Tele	phone no.:		Mob	no: 919224300800		Email	: omishelar06	604@gı	mail.com
DOB	: Apr 06, 2000	Cat	tegory: Open		Physically	Handicap: No			
Prev	ious Latest Examination	า Details: Ser	n IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	No: 32	46603 (Status: Pass)
Exan	n form appearance type	: Fresher							
Pape	er Details: Pleas	se select Par	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	88701	Software Qua	ality Assurance				Th-UA	۲[];Th	-CA[]
2	88702	Security in Co	omputing				Th-UA	۲[];Th	-CA[]
3	88703 E	Business Inte	elligence				Th-UA	۲[];Th	-CA[]
4	88704 F	Principles of	Geographic Inform	nation Systems				۲[];Th	
5	88706 I	IT Service Ma	anagement				Th-UA	۲[];Th	-CA[]
6	USIT6P1 F	Project Imple	mentation				Pr-UA	\[]	
7	USIT6P2	Security in Co	omputing Practical				Pr-UA	\[]	
8	USIT6P3	Business Inte	elligence Practical				Pr-UA	\[]	
9	USIT6P4 F	Principles of	Geographic Inform	nation Systems Practica	l		Pr-UA	\[]	
10	USIT6P6	Advanced Mo	obile Programming	J				\[]	
Conv	ocation Fee		Exam Form Late	Fee	ee Exam Form Super Late Fee			ninatior	n Fees
Mark	Statement Fee		Total:						
Dove	ment Deteiler	mount Recei	i. rod.	Cal	laga Dagaint	No. and Date:			
DD N			MICR No:	Coll	DD Date:	No. and Date:	Bank		
	er Preference (Code/Na		MICK NO.		DD Date.		Dank	•	
	ue Preference (Code/Na								
	The Controller of Examir								
	uest permission to prese	•	r the encuing even	nination. I have remitted	the prescribe	ad fee for the same I	hereby	Place:	Vidyavihar
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	•	•		, me. The information n	rinted in the f	orm is correct to the h	est of my kno	wledae	a I also undertake the
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:				College Str	aff Signature				nature of D/Chairperson



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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:

Disciple 16



F	PRN:	Eligi	bility Status:	114071	II INO	Division/Section:	Roll No	.:	1.	
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Instruction M	/ledium:	•		•		Nationality:	India			
				Student's Pers	onal Informat	ion				
Student's Na	ame: PRAJA	PATI RAHUL	KUMAR CHHOTE	LAL		Mother's Name: SA	ANCHAL	Gen	der: Male	
Name in Ver	rnacular Langua	age:राहुल								
Address: R 4	4/8 C New Navy	y nagar, Colal	ba Mumbai 40000	5						
City: mumba	ai, Taluka: , Dist	trict:, State: I	Maharashtra, PIN:	400005						
Telephone n	10.:		Mot	oile no: 919892827921		Emai	l : rahulkp06@	gmail.com		
DOB: Aug 06	-		tegory: Open		Physically	/ Handicap: No				
			m IV(Regular-Rev	16)	Exam Ever	nt: Apr-2019	Seat	No: 32465	95 (Status: Pass)	
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:

Disciple 16



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nstrı	uction Medium:					Nationality:	lr	ndia			
				Student's Person	nal Informati	ion					
Stude	ent's Name: ABDUL	LHAQ SHABB	3IR PATEL			Mother's Nar	me: SUM/	AIYA	G	Gender: Male	
Nam	e in Vernacular Langua	age:અબ્દુલहङ	શબ્બીર પટેલ								
Addr	ess: 305, Shree Aradh	na Apt., plot-	36, sector-5, sanpa	ada Opp. To Hotel Skyligh	nt Lodge, Na	avimumbai-400	0705				
City:	Navimumbai, Taluka:	Thane, Distric	ct: Thane, State: M	laharashtra, PIN: 400705							
Teler	phone no.:		Mob	oile no: 917021461996			Email : p	oatelabdulha	aq98@ç	gmail.com	
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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PRN: Eligibility Status:				Examination form 114073	1 No.:	Division/Section:	Roll No	o.:	Bu
:	2017016400846104		Eligible		ı II	А	54		130
nstrı	uction Medium:				-	Nationality:	India		<u></u>
				Student's Perso	onal Informati	ion			
stud	lent's Name: SINGH	IVI SATYAM S	SURESH			Mother's Name: AN	1ITA		Gender: Male
lam	ne in Vernacular Langua	эge:सिंघवी सत	त्यम SURESH						
ddr	ess: 26/B,601,ashok na	agar,kalyan re	oad,Bhiwandi 26/B	3,601,ashok nagar,kalya	n road,Bhiwa	andi 26/B,601,ashok r	nagar,kalyan	road,Bh	iwandi
City:	Bhiwandi, Taluka: Bhiv	wandi, Distric	t: Thane, State: Ma	aharashtra, PIN: 421302	2				
ele	phone no.:			pile no: 917798462215		Email	l : satyamsin	ghvi765@	@gmail.com
	3: Apr 13, 2000	-	ategory: Open			y Handicap: No			
	rious Latest Examination		m IV(Regular-Rev1	16)	Exam Even	nt: Apr-2019	Sea	at No: 324	46608 (Status: Pass)
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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PRN: Eligibility Status:			Examination form 114074	No.:	Division/Section:	Roll No	o.:	A. PRewale	
:	2017016400846561	Р	rovisional			Α	43		A.I. Ketter
Instru	uction Medium:		·			Nationality:	India		
				Student's Perso	nal Informati	on			
Stud	ent's Name: ABHIS	HEKPRASHA	ANTREWALE			Mother's Name: P	RIYANKA	(Gender: Male
Nam	e in Vernacular Langua	age:अभिषेक प्र	ग्शांत रेवाळे						
Addr	ess: A601 MANU MAH	IALI CHS,BE	HIND DNC SCHOO	DL ,DOMBIVALI(E) 4212	20				
City:	DOMBIVALI, Taluka: ł	Kalyan, Distri	ct: Thane, State: M	aharashtra, PIN: 421201	1				
Telep	ohone no.:		Mob	ile no: 919769770920		Ema	il : abhishekre	ewalepho	tography@gmail.com
DOB	: Nov 13, 1999	Ca	tegory: Reserved (OBC)	Physically	Handicap: No			
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PRN: Eligibility Status: 2017016400846576 Eligible			Examination form 114075 		Division/Section:	Roll No 61	.:	Trilling		
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1	88701	Software Qua	ality Assurance				Th-U	Th-UA [];Th-CA []		
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3	88703	Business Inte	elligence					4 [] ;Th-	-CA[]	
4	88704	Principles of	Geographic Inform	ation Systems			Th-UA	4 [] ;Th-	-CA[]	
5 88706 IT Service Management								Th-UA[];Th-CA[]		
6	USIT6P1	Project Imple	mentation					Pr-UA []		
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PRN: Eligibility Status:				Examination form 114076	ı No.:	Division/Section:	Roll No.:	:	1612	
2	2017016400846673		Eligible			Α	62		V	
Instru	uction Medium:					Nationality:	India			
				Student's Perso	nal Informati	on				
Stude	ent's Name: VAGHEL	LA VIVEK CI	HANDULAL			Mother's Name: Cl	HETANA	(Gender: Male	
Name	e in Vernacular Languag	je:વાધેલા વિ	વેક યંદુલાલ							
Addre	ess: D/004 TIRUPATI DA	ARSHAN G	OGRASSWADI PA	THARLI ROAD DOMBI	VALI EAST					
City:	DOMBIVALI, Taluka: Ka	alyan, Distric	t: Thane, State: M	aharashtra, PIN: 42120	1					
Telep	phone no.:		Mob	ile no: 919222525354		Emai	I : VIVEKWAG	HELA5	78@GMAIL.COM	
DOB:	: May 05, 2000	Cat	tegory: Open		Physically	Handicap: No				
	ous Latest Examination		n IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Seat	No: 324	46617 (Status: Pass)	
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S. K. Somaiya College of Arts, Science and Commerce (540)

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

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PRN: Eliç		bility Status:	Examination forr 114077	m No.:	Division/Section:	Roll No).:	abolar:		
	2017016400846723	Р	rovisional			Α	49		Thelar	
Instr	uction Medium:					Nationality:	India		•	
				Student's Pers	onal Informati	on				
Stuc	lent's Name: SHELA	AR RUTIKA V	IJAY			Mother's Name: V	ISHAKHA		Gender: Female	
Nan	ne in Vernacular Langu	age:शेलार ऋति	तेका विजय							
Add	ress: ROOM NO 60, M	ANNUBHAI C	HWAL SAI DHAM	SOC ANAND NAGAR	ROAD KALW	A-E				
City	NAVI MUMMBAI, Talu	ıka: Thane, D	istrict: Thane, State	e: Maharashtra, PIN: 40	00708					
_	phone no.:			ile no: 919833182693		Ema	il : rutikashela	ır25@gr	nail.com	
-	3: Feb 25, 2000		tegory: Open			Handicap: No				
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6	USIT6P1	Project Imple						Th-UA [] ;Th-CA [] Pr-UA []		
7	USIT6P2	· ·	omputing Practical					Pr-UA []		
8	USIT6P3		elligence Practical				Pr-U/			
9	USIT6P4	-		nation Systems Practica	ation Systems Practical					
10	USIT6P6	·	obile Programming		<u> </u>		Pr-UA			
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Declaration by Principal/HOD/Chairperson							tudent's Signature			
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resp		rectification of	the information. H	e/she is regular studen						
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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	PRN:	Eligibility Status:	Examination form 114078	ı No.:	Division/Section:	Roll No.).:	11	
:	2017016400847065	Eligible			Α	52		AL.	
nstrı	uction Medium:	-		1	Nationality:	India			
			Student's Perso	nal Informatio	n				
Stude	lent's Name: SINGH A	AMITKUMAR DINESH			Mother's Name: PU	SHPA		Gender: Male	
lam	ne in Vernacular Languag	ge:सिंग अमित दिनेश							
\ddr	ess: priyadarshani chaw	vl galli no 36/37 near pooja hote	el kamraj nagar ghatko	par east mum	bai				
City:	mumbai, Taluka: Kurla,	, District: Mumbai Suburban, St	ate: Maharashtra, PIN: 4	400077					
	phone no.:		oile no: 919768635376		l l	: samit9076@	@gmail.d	com	
	3: Jul 09, 1998	Category: Open		, , , , , , , , , , , , , , , , , , , 	Handicap: No				
		Details: Sem IV(Regular-Rev1	16)	Exam Event:	: Apr-2019	Seat	ι No: 324	46607 (Status: Pass)	
	n form appearance type:								
÷		se select Paper details which y		- University As	ssessment,CA - Colle	ege Assessir	nent)	^ A A A T	
SN 1	Paper Code 88701	Software Quality Assurance	Paper Name			Th-II	A [] ;Th-	AM - AT	
2		Security in Computing							
3		Business Intelligence					A [] ;Th- A [] ;Th-		
4	.	Principles of Geographic Inform	nation Systems						
5		IT Service Management					Th-UA [];Th-CA [] Th-UA [];Th-CA []		
6		Project Implementation					Pr-UA []		
7	USIT6P2 S	Security in Computing Practical	I			Pr-UA	۹[]		
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		ent myself for the ensuing examade in this application are true,					Date:	·	
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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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN: Eligibility Status:			Examination form 114079	n No.:	Division/Section:	Roll No	u.:	Akansha		
:	2017016400847301		Eligible			Α	43			
Instru	uction Medium:	•				Nationality:	India			
				Student's Perso	onal Informati	on				
Stude	ent's Name: SALUN	KHE AKANS	HA RAJU			Mother's Name: KA	AVITA	C	Gender: Female	
Nam	e in Vernacular Langua	ge:साळुंखे आ	कांशा राजू							
Addr	ess: ROOM NO 202 CH	HURCH VEIV	V APARTMENT PL	OT NO 12 FATIMA CO	LONY BEHI	ND FATIMA CHURC	H VANDRA P	'ADA AM	IBARNATH WEST	
City:	THANE, Taluka: Amba	rnath, Distric	t: Thane, State: Ma	aharashtra, PIN: 421505	5					
Telep	ohone no.:		Mob	ile no: 918898549101		Emai	l : rdsalunke6	7@gmai	il.com	
DOB	: Mar 12, 2000	Ca	tegory: Reserved (\	√J/DT(A))	Physically	Handicap: No				
Previ	ious Latest Examination	n Details: Se	m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Seat	i No: 324	16598 (Status: Pass)	
Exan	n form appearance type	: Fresher								
Pape	er Details: Pleas	se select Pa	per details which ye	ou want to appear (UA	- University A	Assessment,CA - Col	lege Assessn	nent)		
SN	Paper Code			Paper Name					AM - AT	
1	88701	Software Qu	ality Assurance				Th-U	A [] ;Th-0	CA[]	
2	88702	Security in C	omputing				Th-U	A [] ;Th-0	CA[]	
3	88703 I	Business Inte	elligence			Th-U	A [] ;Th-0	CA[]		
4	88704 I	Principles of	Geographic Inform	ation Systems		Th-U	A [] ;Th-0	CA[]		
5 88706 IT Service Management							Th-U/	Th-UA [];Th-CA []		
6 USIT6P1 Project Implementation								A []		
7	USIT6P2	Security in C	Computing Practical	ı			Pr-UA	۱ []		
8	USIT6P3	Business Inte	elligence Practical					A []		
9	USIT6P4	Principles of	Geographic Inform	ion Systems Practical			Pr-UA	١ []		
10	USIT6P6	Advanced M	obile Programming				Pr-UA	۱[]		
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		-	or the ensuing exam	nination. I have remitted	the prescribe	ed fee for the same	l herehv	Place:	Vidyavihar	
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. I	Date:		
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other	ground. Í understand tl			on being found false or						
canc	elled or rejected.							Stı	udent's Signature	
Decla	aration by Principal/HOI	D/Chairperso	 on						-	
respo		ectification of	f the information. H	nme. The information pre/ e/she is regular student						
Place	e:									
Date:	-									



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

Application Form for Examination of Summer Session 2020 event.

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

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PRN: Eligibility Status:				Examination form No.: 114080	Division/Section:	Roll No) .:	1 ious		
:	2017016400847355		Eligible		i II	Α	3		Sanjant	
nstrı	ruction Medium:					Nationality:	India			
				Student's Perso	onal Informati	ion				
tud	dent's Name: ANKOLA	A SANJAY S	SHRINIVAS SURE	KHA		Mother's Name: St	JREKHA		Gender: Male	
lam [,]	ne in Vernacular Languaç	ge:अंकोला सं	जय श्रीनिवास सुरेखा	• !						
ddr	ress: A/17 SURYAPRAK	(ASH C.H.S.	. TEKDI BUNGLOV	V NAUPADA						
City:	: Thane, Taluka: Thane,	District: Tha	ne, State: Maharas	htra, PIN: 400602						
	phone no.: 25335630		1	oile no: 918291344106		· · · · · · · · · · · · · · · · · · ·	il : sanjayanko	ola@yah	100.com	
	3: Oct 02, 1999		itegory: Open		, , ,	y Handicap: No				
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3		Business Inte					IA [];Th-			
4	88704 F	Principles of	Geographic Inform	ation Systems				IA [] ;Th-	-CA[]	
5	88706 I	IT Service Ma	anagement			Th-U	Th-UA [];Th-CA []			
6	USIT6P1 F	Project Imple	ementation					Pr-UA []		
7			Computing Practical	<u> </u>			Pr-U/			
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:



PRN: Eligibility Status:				114081	INO	Division/Section:	Roll No.	.:	11 10-
2	2017016400847517		Eligible		111	Α	46		Shute.
nstru	uction Medium:					Nationality:	India		
				Student's Perso	nal Informat	tion			
Stude	ent's Name: SHAH	SHRUTI SITE	ESH			Mother's Name: DI	PA	G	Gender: Female
lame	e in Vernacular Langua	age:શાહ શ્રુતિ	સીતેશ						
ddr	ess: 143/2 shri krishna	a kiran opp. ç	garodia school						
City:	MUMBAI , Taluka: Mu	mbai, District	t: Mumbai City, Stat	te: Maharashtra, PIN: 40	0021				
eler	phone no.:			nile no: 919860673049		Emai	il : shahshruti4	12@gma	ail.com
OB	: Dec 04, 1998	Caf	ategory: Open		Physically	y Handicap: No			
	ious Latest Examination		m IV(Regular-Rev1	6)	Exam Ever	nt: Apr-2019	Seat	No: 324	16600 (Status: Pass)
	n form appearance type								
 -		ase select Pa	per details which ye	ou want to appear (UA -	- University /	Assessment,CA - Col	lege Assessm	nent)	
SN	Paper Code			Paper Name				·	AM - AT
1		†	uality Assurance					4 [] ;Th-C	
2		Security in C						4 [] ;Th-C	
3	88703	Business Inte						4 [] ;Th-C	
4 5			f Geographic Inform	ation Systems				4 [] ;Th-C	
5 88706 IT Service Management 6 USIT6P1 Project Implementation								4 [] ;Th-C	CA[]
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7 USIT6P2 Security in Computing Practical							Pr-UA		
9		†	telligence Practical	action Systems Practical			Pr-UA		
10		-	deographic inform	nation Systems Practical	·		Pr-UA Pr-UA		
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ayn	nent Details:	Amount Rece	eived:	Colle	ege Receipt	t No. and Date:			
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	The Controller of Exami	•						Place:	Vidyavihar
				nination. I have remitted complete and correct to				Date:	
ave	gone through the sylla	abus and the I	list of books prescri	ibed for the examination	for which I a	am appearing. I shall	not	<u> </u>	
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espo	onsibility of fulfillment/re	rectification of	of the information. He	e/she is regular student					
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)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.

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

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'e-Suvidha' account on



Principal/HOD/Chairperson

Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: 114082 2017016400847533 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: SHASMAL SURAJIT KAMAL Mother's Name: KRISHNA Gender: Male Name in Vernacular Language:Shasmal surajit kamal Address: A/201.sai sadguru dham Agasan road Dativali City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612 Mobile no: 918369803840 Email: surajitshasmal15@gmail.com Telephone no.: DOB: May 16, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246602 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code AM - AT SN Paper Name 88701 Software Quality Assurance Th-UA[];Th-CA[] 2 88702 Security in Computing Th-UA[];Th-CA[] 88703 3 Business Intelligence Th-UA [];Th-CA [] 88704 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 Th-UA [] ;Th-CA [] 88706 IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Pr-UA[] Security in Computing Practical 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] USIT6P6 Advanced Mobile Programming Pr-UA[] Exam Form Late Fee Exam Form Super Late Fee **Examination Fees** Convocation Fee Mark Statement Fee Total: College Receipt No. and Date: Payment Details: Amount Received: DD No: MICR No: DD Date: Bank: Center Preference (Code/Name): Venue Preference (Code/Name): To, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby Date: declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. Student's Signature Declaration by Principal/HOD/Chairperson This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules. Place: Date: College Staff Signature Seal and Signature of



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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligibility Status:	Examination form 114083	n No.:	Division/Section:	Roll No.:	:	016	
:	2017016400847927	Eligible		III	Α	50		Shot	
nstru	uction Medium:				Nationality:	India			
		•	Student's Perso	onal Informati	on	,			
Stude	ent's Name: SHINDE F	PRATHMESH NARENDRA			Mother's Name: SU	JSHMA	C	Gender: Male	
lam	e in Vernacular Language	: शिन्दे प्रथमेश नरेन्द्र							
Addr	ess: near new kurla post	office 532/7, asgar ali chawl ,	subhash nagar new mil	l road					
City:	mumbai, Taluka: Kurla, D	District: Mumbai Suburban, St	ate: Maharashtra, PIN:	400070					
elep	phone no.:	Mob	ile no: 919699727676		Email	: prathmeshsl	hinde78	36@gmail.com	
ОВ	: Mar 21, 2000	Category: Reserved (SC)	Physically	Handicap: No				
revi	ious Latest Examination Γ	Details: Sem IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	No: 324	16605 (Status: Pass)	
xan	n form appearance type: F	resher							
ape	er Details: Please	select Paper details which y	ou want to appear (UA	- University A	Assessment,CA - Col	lege Assessm	ent)		
SN	Paper Code		Paper Name					AM - AT	
1	88701 Sc	oftware Quality Assurance				Th-UA	.[];Th-(CA[]	
2	88702 Se	ecurity in Computing				Th-UA	.[];Th-0	CA[]	
3	88703 Bu	usiness Intelligence				Th-UA	.[];Th-0	CA[]	
4	88704 Pr	inciples of Geographic Inform	nation Systems			Th-UA	.[];Th-(CA[]	
5	88706 IT	Service Management				Th-UA	Th-UA [] ;Th-CA []		
6 USIT6P1 Project Implementation						Pr-UA	[]		
7	USIT6P2 Se	ecurity in Computing Practical	<u> </u>			Pr-UA	Pr-UA []		
8		usiness Intelligence Practical				Pr-UA	[]		
9	USIT6P4 Pr	inciples of Geographic Inform	nation Systems Practica	ıl	Pr-UA []				
10	USIT6P6 Ad	dvanced Mobile Programming	J			[]			
Conv	ocation Fee	Exam Form Late	Fee	e Exam Form Super Late Fee			Examination Fees		
/lark	Statement Fee	Total:							
Pavn	nent Details: Am	ount Received:	Col	lege Receipt	No. and Date:				
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Cent	er Preference (Code/Nam	ne):							
	ue Preference (Code/Nam	,							
	The Controller of Examina	· · · · · · · · · · · · · · · · · · ·					Place:	Vidyavihar	
lecla	are that all statement mad	nt myself for the ensuing exam le in this application are true, is and the list of books prescri	complete and correct to	the best of n	ny knowledge and be	hereby lief. I	Date:	viajaviliai	
eque ther	est for any special conces	ssion such as change in time of the street in the event of any informations.	or day fixed for universi	ty Examination	n etc. on religious or	any			
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This espo		ed by the College staff and by tification of the information. H							
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1800256]

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	PRN:	Eligibility Status:	Examination form 114084	n No.:	Division/Section:	Roll No.:	Ashers			
	2017016400847951	Eligible			Α	24				
nstr	uction Medium:				Nationality:	India				
		_	Student's Perso	nal Informati	ion					
Stud	ent's Name: ADNAN	ABBAS KALA			Mother's Name: AR	WA	Gender: Male			
lam	e in Vernacular Langua	ge:ADNAN			•					
۸ddr	ess: 804,Najmi apt.,Ama	akin e mohammediya, Bohirwa	idi Khambalpada							
City:	Mumbai, Taluka: Kalyai	n, District: Thane, State: Maha	rashtra, PIN: 421201							
ele	phone no.:	Mol	oile no: 917738309977	Email : adnankala53@gmail.com						
ОВ	: Feb 04, 1998	Category: Open		Physically Handicap: No						
rev	ious Latest Examination	Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Seat No	: 3246574 (Status: ATKT)			
xar	n form appearance type	: Fresher								
Pap€	er Details: Pleas	se select Paper details which y	ou want to appear (UA	- University A	Assessment,CA - Coll	ege Assessment	()			
SN	Paper Code		Paper Name				AM - AT			
1	88701	Software Quality Assurance				Th-UA[]	;Th-CA[]			
2	88702	Security in Computing			Th-UA[]	;Th-CA[]				
3	88703 E	Business Intelligence			Th-UA[]	;Th-CA[]				
4	88704 F	Principles of Geographic Inform	nation Systems		Th-UA[]	;Th-CA[]				
5	88706 I	T Service Management			Th-UA[]	;Th-CA[]				
6	USIT6P1 F	Pr-UA []	Pr-UA []							
7	USIT6P2	Pr-UA[]								
8	USIT6P3 E	Pr-UA []								
9	USIT6P4 F	Principles of Geographic Inforr	nation Systems Practica	l		Pr-UA []				
10	USIT6P6	Advanced Mobile Programmin	9			Pr-UA []				
Conv	ocation Fee	Exam Form Late	ee Exam Form Super Late Fee			Examina	tion Fees			
/lark	Statement Fee	Total:								
2014	nent Details: A	mount Received:	Call	aga Bassint	No. and Date:					
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	er Preference (Code/Na			DD Date.		Dank.				
	ue Preference (Code/Na	,								
	The Controller of Examir	<u>'</u>				I _{DI} .				
		ent myself for the ensuing exa	nination. I have remitted	the prescribe	ed fee for the same I		ce: Vidyavihar			
lecla	are that all statement ma	nde in this application are true,	complete and correct to	the best of n	ny knowledge and bel	ief. I Da	te:			
		ous and the list of books presc ession such as change in time								
		nat in the event of any informa								
anc	elled or rejected.						Student's Signature			
)ecl	elaration by Principal/HOD/Chairperson									
	•	zed by the College staff and b	v me. The information pr	inted in the fo	orm is correct to the b	est of my knowle	edge. I also undertake the			
esp	sponsibility 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:									
ate	:		College Sta	aff Signature			Signature of HOD/Chairperson			



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

Application Form for Examination of Summer Session 2020 event.

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

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



	PRN:	Eligil	bility Status:	Examination form 114085		Division/Section:	Roll No.	:	Rudalias.	
- :	2017016400848223		Eligible			Α	32			
nstru	uction Medium:					Nationality:	India			
				Student's Pers	onal Informati	on				
Stud	ent's Name: MUDAL	IAR PRATAF	P SELVAN			Mother's Name: JA	YALAXMI	(Gender: Male	
	e in Vernacular Languaç									
	ess: room no 708 New o									
<u> </u>	Ambernath, Taluka: Am	nbarnath, Dis		<u>-</u>	1505					
	phone no.:			ile no: 918624031788	1		l : qpid150899	@gmai	l.com	
	: Aug 15, 1999		tegory: Open	10)		Handicap: No	- lo .	N 00	40500 (O D)	
	ious Latest Examination		n IV(Regular-Rev1	6)	Exam Even	Seat	No: 324	46583 (Status: Pass)		
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SN	er Details: Pleas Paper Code	se select Pap	per details which y	ou want to appear (UA Paper Name	- University F	Assessment,CA - Col	liege Assessin	ieni)	AM - AT	
1		Software Ou:	ality Assurance	·				. [] ;Th-		
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3		Business Inte					ν[];Th-			
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6		Project Imple						r-UA []		
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9				nation Systems Practica	al		Pr-UA			
10			obile Programming				Pr-UA			
Conv	ocation Fee		Exam Form Late		Exam Form	Super Late Fee	Exam	nination	Fees	
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	ue Preference (Code/Na The Controller of Examin							5:	\	
-	uest permission to prese	•	r the ensuing exan	nination. I have remitted	d the prescribe	ed fee for the same.	l hereby	Place:	Vidyavihar	
decla	are that all statement mag	ade in this ap	oplication are true,	complete and correct to	the best of n	ny knowledge and be	elief. I	Date:		
	est for any special conce									
	r ground. I understand th	hat in the eve	ent of any informati	on being found false or	r incorrect, my	candidature is liable	e to be			
Janic	elled or rejected.							St	udent's Signature	
Decla	claration by Principal/HOD/Chairperson									
respo	form is carefully scrutini onsibility of fulfillment/re se/term work (if any) acc	ectification of	the information. H							
Place	ə:									
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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	PRN:	Eligi	bility Status:	Examination form 114086	n No.:	Division/Section:	Roll No	.:	Jalmani	
	2017016400848262		Eligible			Α	74		9-2	
nstr	uction Medium:	•				Nationality:	India			
				Student's Perso	onal Informati	on				
Stud	ent's Name: SALMAI	NI MOHD EJ	JAZ MOHD IMTIYA	Z		Mother's Name: KI	SHVARI	(Gender: Male	
Nam	e in Vernacular Languaç	. موحد امتياز :ge	سلمانی موحد ایجاز							
٩ddr	ess: 01, yusuf godiwala	chawl, opp.	navrang society, d	evi pada road,						
City:	MUMBRA, Taluka: Tha	ne, District:	Thane, State: Mah	arashtra, PIN: 400612						
Tele	phone no.:		Mob	ile no: 919920294995		Email	: salmaniniya	az@yah	oo.com	
	: May 27, 1999		tegory: Open		Physically	Handicap: No				
Prev	ious Latest Examination	n Details: Ser	n IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Seat	No: 324	46597 (Status: Pass)	
	n form appearance type									
		se select Pa _l	per details which y	ou want to appear (UA	- University A	Assessment,CA - Col	lege Assessn	nent)		
SN	Paper Code			Paper Name					AM - AT	
1			ality Assurance					A [] ;Th-		
2		Security in C						A [] ;Th-		
3		Business Inte							-CA[]	
4		•	Geographic Inform	ation Systems				A[];Th-		
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	er Preference (Code/Na									
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	uest permission to prese are that all statement ma							Date:		
nave	gone through the syllab	ous and the l	ist of books prescr	bed for the examination	n for which I a	m appearing. I shall	not			
	est for any special conce r ground. I understand th									
	elled or rejected.		, ,	3	,				da.ada Cianada.aa	
Dool	aration by Principal/HOD/Chairperson									
	form is carefully scrutini	_		me The information of	rinted in the f	orm is correct to the l	hest of my kny	owledae	l also undertake the	
resp	onsibility of fulfillment/re se/term work (if any) acc	ectification of	the information. H							
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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PRN: Eligibility Status:			Examination form 114087		Division/Section:	Roll No).:	krishna	
	2017016400848745	Provisional		ı 	А	41		TULLATING	
nstru	uction Medium:	_			Nationality:	India			
			Student's Perso	onal Informati	ion				
tude	ent's Name: POKAR	KRISHNA VINOD			Mother's Name: AS	3HA	G	lender: Female	
	e in Vernacular Languag	<u> </u>							
		HSL, PLOT NO. E-51, SECTOR							
<u> </u>		: Panvel, District: Raigad, State)210					
	phone no.:		oile no: 919022102200		Emai	1:			
	i: Jan 02, 1999	Category: Open		, ' ' '	/ Handicap: No				
		n Details: Sem IV(Regular-Rev1	16)	Exam Even	ıt: Apr-2019	Seat	t No: 3246	6594 (Status: Pass)	
	n form appearance type:								
		se select Paper details which y		- University A	Assessment,CA - Col	ilege Assessn	nent)		
SN	Paper Code		Paper Name					AM - AT	
1		Software Quality Assurance				A [] ;Th-C			
2		Security in Computing				A [] ;Th-C			
3		Business Intelligence			-	A [] ;Th-C			
4		Principles of Geographic Inform	nation Systems			A [] ;Th-C			
5		IT Service Management					Th-UA [] ;Th-CA []		
6		Project Implementation				Pr-UA	٩[]		
7	USIT6P2 S	Security in Computing Practical	Pr-UA Pr-UA						
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	ue Preference (Code/Nar	·							
	The Controller of Examina	·					Place:	Vidyavihar	
lecla	are that all statement ma	ent myself for the ensuing exan ade in this application are true, bus and the list of books prescr	complete and correct to	the best of m	ny knowledge and be	elief. I	Date:		
eque	est for any special conce	ession such as change in time that in the event of any informati	or day fixed for universit	ty Examinatio	on etc. on religious or	r any			
ance	elled or rejected.						Stu	ident's Signature	
)ecla	aration by Principal/HOD	D/Chairperson							
espo	onsibility of fulfillment/red	ized by the College staff and by ectification of the information. H cording to university rules.							
Place	э:								
)ate:	:		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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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	PRN:	Eligi'	ibility Status:	Examination for 114088	m No.:	Division/Section:	Roll No.	.:	N-0-0-	
:	2017016400848826		Eligible			А	60		Agist	
nstrı	uction Medium:	_				Nationality:	India			
				Student's Pers	sonal Informati	ion				
Stude	lent's Name: TRIPATH	HI ARPIT M	IANOJ KUMAR			Mother's Name: NE	ELAN	(Gender: Male	
 lam	ne in Vernacular Languag	 ge:त्रिपाठी आ	——— पित मनोज कुमार							
ddr	ress: Ismail chawl, haryal	ıli village, Ta	gore nagar, group	no-2, vikhroli(E), mum	bai 400083					
City:	Mumbai, Taluka: Kurla,	District: Mur	mbai Suburban, St	ate: Maharashtra, PIN:	: 400083					
eler	phone no.:		Moh	ile no: 919833717165		Email	l : arpittripathi	567@gr	nail.com	
ОВ	3: Nov 22, 1999	Cat	tegory: Open		Physically Handicap: No					
revi	rious Latest Examination	Details: Ser	m IV(Regular-Rev1	6)	Exam Even	nt: Apr-2019	Seat	. No: 324	46615 (Status: Pass)	
xan	n form appearance type:									
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SN	Paper Code			Paper Name	Paper Name				AM - AT	
1			ality Assurance				A [] ;Th-			
2		Security in Co					A [] ;Th-			
3		Business Inte						A [] ;Th-		
4 88704 Principles of Geographic Information Systems							Th-UA[];Th-CA[]			
5 88706 IT Service Management							Th-UA	Th-UA [];Th-CA []		
6		Project Imple	mentation				Pr-UA	-UA [] -UA []		
7	USIT6P2 S	USIT6P2 Security in Computing Practical								
8		T6P3 Business Intelligence Practical								
9	USIT6P4 P	Principles of	Geographic Inform	nation Systems Practica	al		Pr-UA	١[]		
10	USIT6P6 A	Advanced Mo	lobile Programming	j		<u></u> _	Pr-UA	\[]		
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	uest permission to prese are that all statement mad							Date:		
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	est for any special conce r ground. I understand the							1		
	celled or rejected.	IGC III	Jile Or Girly III. 2.	on boning touriss .	1 11100,	Cultural Land	10.20			
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espo	form is carefully scrutinized consibility of fulfillment/reduced term work (if any) accompany and the sector of th	ectification of	f the information. H							
Place	e:									
Date:				College S	College Staff Signature			Seal and Signature of Principal/HOD/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: 114089 FO OYON 2017016400851094 56 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: **GAURAV GANESH TALEGAONKAR** Mother's Name: GEETANJALI Gender: Male Name in Vernacular Language:Gaurav ganesh talegaonkar Address: room no. 473, opposite don bosco school, tagore nagar, vikhroli east, mumbai City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083 Mobile no: 918692836197 Email: talegaokargaurav292@gmail.com Telephone no.: DOB: Sep 21, 1999 Category: Reserved (OBC) Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246610 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code AM - AT SN Paper Name 88701 Software Quality Assurance Th-UA[];Th-CA[] 2 88702 Security in Computing Th-UA[];Th-CA[] 88703 3 Business Intelligence Th-UA [];Th-CA [] 88704 Principles of Geographic Information Systems Th-UA [] ;Th-CA [] 5 Th-UA [] ;Th-CA [] 88706 IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Pr-UA[] Security in Computing Practical 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] USIT6P6 Advanced Mobile Programming Pr-UA[] Exam Form Late Fee Exam Form Super Late Fee **Examination Fees** Convocation Fee Mark Statement Fee Total: College Receipt No. and Date: Payment Details: Amount Received: DD No: MICR No: DD Date: Bank: Center Preference (Code/Name): Venue Preference (Code/Name): To, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby 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.

Examination form No.:

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

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	PRN:	Eligi	ibility Status:	Examination form 114090	ı No.:	Division/Section:	Roll No	.:		
;	2017016400851426		Eligible			Α	10		a)	
Instru	uction Medium:	-				Nationality:	India			
				Student's Perso	nal Informati	on				
Stud	ent's Name: CHHE [DA YASH PR	ADEEP			Mother's Name: Pl	JSHPA	(Gender: Male	
Nam	e in Vernacular Langua	age:छेडा यश '	प्रदीप							
Addr	ess: 22, 1ST FLOOR, I	HARIA NIWA	S SANT TUKARAN	M ROAD MULUND EAS	Т					
City:	MUMBAI, Taluka: Kurl	a, District: Mu	umbai Suburban, S	State: Maharashtra, PIN:	400081					
Tele	phone no.:		Mob	ile no: 919892561257		Emai	: yashchheda66@gmail.com			
DOB	: Aug 19, 1999	Ca	tegory: Open		Physically	Handicap: No				
Prev	ious Latest Examinatio	n Details: Ser	m IV(Regular-Rev1	16)	Exam Ever	t: Apr-2019	Seat	: No: 324	46560 (Status: ATKT)	
	n form appearance type	e: Fresher								
Pape		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	88701		ality Assurance					A [] ;Th-		
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3	88703	Business Inte					A [] ;Th-			
4	88704	-	Geographic Inform	lation Systems				A [] ;Th-		
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7	USIT6P2	, '	Computing Practical				Pr-UA			
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			or the ensuing exam	nination. I have remitted	the prescribe	ed fee for the same	l hereby	Place:	Vidyavihar	
decla	are that all statement m	nade in this ap	pplication are true,	complete and correct to	the best of n	ny knowledge and be	elief. I	Date:		
				ibed for the examination or day fixed for universit						
othe	r ground. I understand			ion being found false or						
canc	elled or rejected.							St	udent's Signature	
Deck	aration by Principal/HC	D/Chairperso	on							
				y me. The information pr e/she is regular student						
cour	se/term work (if any) ac	ccording to ur	niversity rules.							
Place	e:									
Date	:			College St:	aff Signature		Seal :	and Sigr	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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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	PRN:	Eligi	bility Status:	Examination 1140		Division/Section:	Roll No	D.:	Ob Johan	
	2017016400851523		Eligible			Α	25		Shulshan	
Instr	ruction Medium:	_				Nationality:	India		!	
				Student's F	Personal Informat	ion				
Stud	dent's Name: KESAR	RIYA SHUBH/	AM KAMLESH			Mother's Name: DF	HARMISHTA		Gender: Male	
Nam	ne in Vernacular Langua	эge:केसरिया १	रुभम कमलेश							
Addı	ress: 06/LALIT KUNJ C	.H.S, KD GA	IKWAD ROAD , M	ULUND(WEST)						
City:	: MUMBAI, Taluka: Kurl	a, District: Mu	ımbai Suburban, S	State: Maharashtra,	PIN: 400080					
_	phone no.:		Moh	oile no: 9177384913			: kesariya.sl	hubham	9@gmail.com	
_	3: Oct 22, 1999		tegory: Open		Physically Handicap: No					
	vious Latest Examination		n IV(Regular-Rev	16)	Exam Ever	nt: Apr-2019	Sea	t No: 32	46575 (Status: ATKT)	
_	m form appearance type					 				
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2		Security in Co	ality Assurance						-CA[] -CA[]	
3		Business Inte					A[];Th			
4			Geographic Inform	nation Systems				A[];Th		
5	<u> </u>	IT Service Ma			•					
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7		, ,	omputing Practica				Pr-U/			
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9	USIT6P4	Principles of	Geographic Inforn	nation Systems Pra	ıctical		Pr-U/	A []		
10	USIT6P6	Advanced Mo	obile Programming	9			Pr-U	A[]		
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-	The Controller of Exami							Place:	Vidyavihar	
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requ	e gone through the sylla uest for any special cond	cession such	as change in time	or day fixed for univ	versity Examination	on etc. on religious or	any			
	er ground. I understand t celled or rejected.	that in the eve	ent of any informat	ion being found fals	se or incorrect, my	y candidature is liable	to be			
Caric	elled of rejected.							St	tudent's Signature	
Decl	laration by Principal/HO	D/Chairperso	on 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 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	: :		Colleg	ge Staff Signature		Seal Princ	and Sigi	nature of D/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:

Disciple 16



	PRN:	Eligi	ibility Status:	114092					7:00	
	2017016400851643		Eligible			Α		15	T. Och .	
nstrı	uction Medium:					Nationality:	India		•	
				Student's Persor	nal Informati	on				
Stud	ent's Name: AKSH	AY PARESH I	DOSHI			Mother's Nar	ne: RUPA		Gender: Male	
Nam	e in Vernacular Langua	age:अक्षय परे	श दोशी							
Addr	ess: a/21 nilesh bhuva	n namdev pa	th gograswadi gate	Э						
City:	dombivli, Taluka: Kaly	an, District: T	hane, State: Maha	rashtra, PIN: 421201						
Tele	ohone no.:		Mob	ile no: 919022639243			Email : ados	oshi127@gmail.com		
OOB	: Jun 01, 2000	Ca	tegory: Open		Physically	Handicap: No				
⊃rev	ious Latest Examinatio	n Details: Se	m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019		Seat No:	3246565 (Status: ATKT)	
	n form appearance typ									
_		ase select Pa	per details which y	ou want to appear (UA -	University A	ssessment,CA	A - College As	sessment)		
SN	Paper Code			Paper Name					AM - AT	
1	88701		ality Assurance					Th-UA [] ;		
2	88702	Security in C						Th-UA [] ;		
3	88703	Business Inte					Th-UA [];			
4	88704		Geographic Inform	nation Systems				Th-UA [];		
5	88706 USIT6P1	IT Service M						Th-UA [] ;Th-CA [] Pr-UA []		
7	USIT6P2	Project Imple	Computing Practical					Pr-UA[]		
8	USIT6P3		elligence Practical					Pr-UA[]		
9	USIT6P4			nation Systems Practical				Pr-UA[]		
10	USIT6P6	-	obile Programming	-				Pr-UA []		
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	ie Preference (Code/N									
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				nination. I have remitted to complete and correct to t				Date	e:	
nave	gone through the sylla	abus and the l	list of books prescri	ibed for the examination or day fixed for university	for which I a	m appearing. I	shall not			
				on being found false or i						
canc	elled or rejected.								Student's Signature	
Decla	aration by Principal/HC	DD/Chairperso							Otacont o dignature	
	•	•		me. The information pri	nted in the fo	orm is correct t	o the best of	my knowled	dge. I also undertake the	
resp	onsibility of fulfillment/r se/term work (if any) a	ectification of	f the information. H	e/she is regular student o	of this Collec	ge and has con	npleted the re	quired atte	ndance and practical	
Place	9 :									
Date	:			College Staff Signature			Seal and S	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.

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

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	PRN:	Eligi	ibility Status:	Examination form 114093	No.:	Division/Section:	Roll No	0.:		
	2017016400852291	P	Provisional		#'	Α	73	!	Amubhav Jadav	
Instru	uction Medium:		-			Nationality:	India			
				Student's Persor	nal Informat	ion				
Stude	ent's Name: YADAV	√ ANUBHAV	HARISH CHANDR	Α		Mother's Name: S	USHILA DEV	/1(Gender: Male	
Namo	e in Vernacular Langua	age:anubhav	yadav							
Addro	ess: gagangiri chawl, p	oaradipada, g	holai nagar khareç	jaon kalwa east thane						
City:	mumbai, Taluka: Than	ne, District: Th	nane, State: Mahar	ashtra, PIN: 400605						
Teler	phone no.:		Mob	oile no: 919987934880		Ema	il : yadav.anu	av.anubhav0107@gmail.com		
DOB	i: Jul 01, 2001	Ca	ategory: Open		Physically Handicap: No					
Previ	ious Latest Examinatio	n Details: Ser	m IV(Regular-Rev1	16)	Exam Ever	nt: Apr-2019	Sea	at No: 324	46620 (Status: ATKT)	
Exam	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 - Cc	llege Assess	ment)		
SN	Paper Code			Paper Name					AM - AT	
1	88701	Software Qu	uality Assurance			Th-U	JA [] ;Th-	-CA[]		
2	88702	Security in C	Computing				Th-U	JA [] ;Th-	-CA[]	
3	88703	Business Inte	elligence						-CA[]	
4	88704	Principles of	f Geographic Inform	nation Systems			Th-U	JA [] ;Th-	-CA[]	
5	88706	IT Service M	lanagement			Th-U	JA [] ;Th-	-CA[]		
6	USIT6P1	Project Imple	ementation				Pr-U	Pr-UA []		
7	USIT6P2	Security in C	Computing Practical	I			Pr-U	JA []		
8	USIT6P3	Business Inte	telligence Practical				Pr-U	JA []		
9	USIT6P4	Principles of	Geographic Inform	nation Systems Practical			Pr-U	JA []		
10	USIT6P6	Advanced M	Nobile Programming	J			Pr-U	JA []		
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Mark	Statement Fee		Total:							
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	The Controller of Exami							Place:	Vidyavihar	
				nination. I have remitted t complete and correct to t				Date:		
have	gone through the sylla	abus and the I	list of books prescri	ribed for the examination	for which I a	am appearing. I shall	l not	├		
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	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									
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN:	Eligibility Status:	Examination fo 114094		Division/Section:	Roll No.:	3			
2017016400852317	Eligible			Α	72	- Azu			
Instruction Medium:	-			Nationality:	India				
	_	Student's Per	rsonal Informat	ion					
Student's Name: SHARM	A LAXMIBEBI CHOTELAL			Mother's Name: KII	RAN	Gender: Female			
Name in Vernacular Languag									
Address: navyuvak hsg socie	ety room no c/13 kajupada pipe	eline							
City: MUMBAI, Taluka: Kurla	, District: Mumbai Suburban, S	State: Maharashtra, Pl	N: 400072						
Telephone no.:	Mol	oile no: 918779871614	1	Email	: angelofdeath9	9901@gmail.com			
DOB: May 27, 2000	Category: Open		Physically	/ Handicap: No					
Previous Latest Examination	Details: Sem IV(Regular-Rev	16)	Exam Ever	nt: Apr-2019	Seat No	o: 3246601 (Status: Pass)			
Exam form appearance type:	Fresher								
Paper Details: Pleas	se select Paper details which y	ou want to appear (U	A - University A	Assessment,CA - Col	lege Assessmen	nt)			
SN Paper Code		Paper Nam	е			AM - AT			
1 88701 S	Software Quality Assurance				Th-UA[]];Th-CA[]			
2 88702 S	Security in Computing				Th-UA[]];Th-CA[]			
3 88703 B	Business Intelligence		1];Th-CA[]			
4 88704 P	Principles of Geographic Inforn	nation Systems		Th-UA[]	Th-UA [] ;Th-CA []				
5 88706 I ⁻	T Service Management				Th-UA[]	Th-UA [];Th-CA []			
6 USIT6P1 P	Project Implementation				Pr-UA []				
7 USIT6P2 S	Security in Computing Practica			Pr-UA []					
8 USIT6P3 B	Pr-UA []								
	Principles of Geographic Inforn		cal		Pr-UA []				
10 USIT6P6 A	Advanced Mobile Programming	g			Pr-UA[]				
Convocation Fee	Exam Form Late	Fee	e Exam Form Super Late Fee Ex			Examination Fees			
Mark Statement Fee	Total:								
Payment Details: Ar	mount Received:		ollege Receipt	No. and Date:					
DD No:	MICR No:		DD Date:	IVO. dila Date.	Bank:				
Center Preference (Code/Na			100 0010.		Dank.				
Venue Preference (Code/Nar	<u>'</u>								
To, The Controller of Examina	<u> </u>				PI	ace: Vidyavihar			
I request permission to prese	ent myself for the ensuing exar	nination. I have remitte	ed the prescrib	ed fee for the same. I	hereby	-			
declare that all statement ma	de in this application are true,	complete and correct	to the best of r	ny knowledge and be	lief. I Da	ate:			
	ous and the list of books prescression such as change in time								
other ground. I understand th	at in the event of any informat								
cancelled or rejected.						Student's Signature			
Declaration by Principal/HOD/Chairperson									
responsibility of fulfillment/red	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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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	PRN:		ibility Status:	Examination form 114095		Division/Section:	Roll No).:	Ambrig. P.	
	2017016401257196		Eligible		III	А	35			
nstru	uction Medium:					Nationality:	India			
				Student's Perso	onal Informati	T				
Stude	ent's Name: PANDE	Y AMBUJKU	JMAR SURYANAR	AYAN		Mother's Name: AF	RUNA		Gender: Male	
	e in Vernacular Langua									
	ess: DONGRI PADA W									
	THANE, Taluka: Thane	ક, District: Th:		<u> </u>						
	phone no.:			pile no: 919619306946	T , ,,		il : pandeysaty	yamiit@	gmail.com	
	: Feb 12, 1998		tegory: Open			Handicap: No				
	ious Latest Examination		m IV(Regular-Rev1	ı6)	Exam Even	t: Apr-2019	Seat	t No: 324	46586 (Status: ATKT)	
	n form appearance type			(114						
<u> </u>		se select Pa	per details which ye	ou want to appear (UA	- University F	ssessment,CA - Col	llege Assessn	nent)		
SN	Paper Code			Paper Name	Paper Name				AM - AT	
1			ality Assurance				A [] ;Th-			
2		Security in C				-	A[];Th-			
3		Business Inte					A[];Th-			
4			Geographic Inform	ation Systems			h-UA [] ;Th-CA []			
5		IT Service Ma						Th-UA [] ;Th-CA [] Pr-UA []		
6		Project Imple		-						
7			Computing Practical	1			Pr-UA			
8			elligence Practical				Pr-UA			
9		-		nation Systems Practical	<u> </u>		Pr-UA			
10		Advanced Me	lobile Programming				Pr-UA	.,		
	vocation Fee		Exam Form Late I	Fee	ee Exam Form Super Late Fee			mination	1 Fees	
Mark	Statement Fee		Total:							
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	er Preference (Code/Na	 ame):	1							
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	The Controller of Examir							Place:	Vidyavihar	
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reque other	est for any special conce r ground. I understand th	cession such	as change in time of	ibed for the examination or day fixed for universit ion being found false or	ty Examination	on etc. on religious or	r any			
canc	elled or rejected.							St	tudent's Signature	
Decla	aration by Principal/HOI	D/Chairperso	วท							
respo		ectification of	f the information. He	y me. The information pr le/she is regular student						
Place	э:									
Date	:			College Sta	aff Signature				nature of	



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

Application Form for Examination of Summer Session 2020 event.

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

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	PRN:	Eligi	ibility Status:	Examination form 114096	1 No.:	Division/Section:	Roll No	o.:	Haden	
	2017016401265911		Eligible			Α	69		AS	
nstr	uction Medium:	•	-			Nationality:	India		•	
				Student's Perso	nal Informat	ion				
Stud	ent's Name: YADA\	/ ROSHNI RA	AMLAL			Mother's Name: S	HANTIDEVI	(Gender: Female	
Nam	e in Vernacular Langua	age:यादव रौश	नी रामलाल							
٩ddr	ess: shanti niwas room	no.821 yasl	nshvi nagar revale	talao kapurbawadi than	ne west					
City:	thane, Taluka: Thane,	District: Thar	ne, State: Maharash	htra, PIN: 400607						
Tele	phone no.:		Mob	ile no: 918898807405		Ema	il : roshniyada	nniyadav742@gmail.com		
DOB	: Oct 13, 1998	Ca	tegory: Open		Physically	Handicap: No				
	ious Latest Examinatio		m IV(Regular-Rev1	(6)	Exam Ever	t: Apr-2019	Sea	at No: 324	46623 (Status: Pass)	
	n form appearance type									
		ase select Pa	per details which ye	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assess	ment)		
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1	88701 88702		ality Assurance				JA [] ;Th- JA [] ;Th-			
3	88703	Security in C Business Into	<u> </u>					JA [] ;Th-	• • • • • • • • • • • • • • • • • • • •	
4	88704		Geographic Inform	nation Systems					-CA[]	
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6	USIT6P1	Project Imple						Pr-UA []		
7	USIT6P2		Computing Practical				Pr-U			
8	USIT6P3	Business Inte	elligence Practical				Pr-U			
9	USIT6P4	Principles of	Geographic Inform	nation Systems Practical	I		Pr-U	A []		
10	USIT6P6	Advanced M	obile Programming	I			Pr-U	A[]		
Conv	ocation Fee		Exam Form Late I	Fee	ee Exam Form Super Late Fee			amination	r Fees	
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	er Preference (Code/N	lame):	1							
	ue Preference (Code/N									
	The Controller of Exami							Place:	Vidyavihar	
decla	are that all statement m	nade in this ar	oplication are true,	nination. I have remitted complete and correct to	the best of r	ny knowledge and b	elief. I	Date:	,	
nave	gone through the sylla	bus and the l	ist of books prescri	ibed for the examination or day fixed for universit	for which I a	am appearing. I shall	not rany			
othe	r ground. I understand			on being found false or						
canc	elled or rejected.							St	tudent's Signature	
Decl	aration by Principal/HC	D/Chairperso	on						5	
resp		ectification of	f the information. H	r me. The information pr e/she is regular student						
Place	e:									
Date:				College Sta	aff Signature				nature of D/Chairperson	



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

Application Form for Examination of Summer Session 2020 event.

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

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	PRN:	Eligi	bility Status:	Examination form 114097	n No.:	Division/Section:	Roll No.	:	71.00	
:	2017016401477783		Eligible			Α	70		Zala P.a.	
Instru	uction Medium:	-				Nationality:	India			
				Student's Perso	onal Informati	on				
Stud	ent's Name: ZALA P	RIYANKABE	N ANANADBHAI			Mother's Name: KA	AMALABEN	(Gender: Female	
Nam	e in Vernacular Langua	ge:झाला प्रिय	ांकाबेन आनंदभाई							
Addr	ess: ROOM NO 1 RAM	1 AVTAR BLI	DG PADWAL NAC	AR WAGLE ESTATE						
City:	THANE, Taluka: Thane	e, District: Th	ane, State: Mahara	ashtra, PIN: 400601						
Telep	phone no.:		Mob	ile no: 919601577272		Emai	I : PRIYANKA	ZALA13	320@GMAIL.COM	
	: Apr 17, 2000		tegory: Reserved (· · · · · · · · · · · · · · · · · · ·	Physically	Handicap: No				
	ous Latest Examination		m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Seat	No: 324	46624 (Status: Pass)	
	n form appearance type									
		se select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessm	nent)		
SN	Paper Code			Paper Name					AM - AT	
1			ality Assurance					\ [] ;Th-		
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3		Business Inte						\ [] ;Th-		
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5 88706 IT Service Management Th-UA [];Th-CA [] 6 USIT6P1 Project Implementation Pr-UA []						CA[]				
7 USIT6P2 Security in Computing Practical Pr-UA []										
8 USIT6P3 Business Intelligence Practical							Pr-UA			
9				nation Systems Practica	I		Pr-UA			
10 USIT6P6 Advanced Mobile Programming					·		Pr-UA			
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have	gone through the syllal	bus and the l	ist of books prescr	bed for the examination	for which I a	m appearing. I shall	not			
				or day fixed for universit on being found false or						
canc	elled or rejected.		•	-				St	udent's Signature	
Deck	aration by Principal/HO	D/Chairners	n .					0.0	ddent 3 Olghatare	
This respo	Declaration by Principal/HOD/Chairperson This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.									
Place	e:									
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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



	PRN:	Eligi	bility Status:	Examination fo 114098		Division/Section:	Roll No.:	:	4-		
	2017016401605047		Eligible			Α	58		PARTH		
nstrı	uction Medium:					Nationality:	India				
				Student's Per	sonal Informati	on					
Stud	ent's Name: THAKKA	AR PARTH E	3HAVESH			Mother's Name: UI	MA	C	Gender: Male		
Nam	e in Vernacular Languaç	ge:ठक्कर पार्थ	र्भ भावेश								
Addr	ess: 22,PUSHPAM VILL	_A CHS MAN	NPADA ROAD OF	P. PRAKASH DAIRY	, DOMBIVLI EA	AST					
City:	DOMBIVALI, Taluka: Ka	alyan, Distric	t: Thane, State: M	aharashtra, PIN: 4212	201						
Tele	phone no.:		Mob	ile no: 919773643100)	Emai	I : PARTH99.T	HAKKA	R@GMAIL.COM		
OOB	: Nov 06, 1999	Cat	tegory: Open		Physically	Handicap: No					
Previous Latest Examination Details: Sem IV(Regular-Rev1				6)	Exam Even	t: Apr-2019	Seat	No: 324	16613 (Status: ATKT)		
	n form appearance type										
	er Details: Pleas	se select Pa _l	per details which y	ou want to appear (U	A - University A	Assessment,CA - Col	lege Assessm	ent)			
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4			Geographic Inform	ation Systems				Гh-UA [] ;Th-CA []			
5									Th-UA [] ;Th-CA []		
6		Project Imple	Pr-UA								
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9		Business Intelligence Practical Pr-U. Principles of Geographic Information Systems Practical Pr-U.									
10			obile Programming		Cal		Pr-UA Pr-UA				
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Cent	er Preference (Code/Na	ime):									
	ue Preference (Code/Na										
	The Controller of Examin	*						Place:	Vidyavihar		
	uest permission to prese are that all statement ma							Date:			
nave	gone through the syllab	ous and the l	ist of books prescr	bed for the examinati	on for which I a	m appearing. I shall	not				
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	elled or rejected.	iat iii tiio cvc	and or any inionital	on being found false	or incorrect, my	candidature is liable	, to be				
Declaration by Principal/HOD/Chairperson							Stu	udent's Signature			
	form is carefully scrutini	-		, ma. The information	printed in the f	arm is correct to the	hoot of my kno	vulodao	Lalas undertaka tha		
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Place	e:										
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					-		Principal/HOD/Chairperson				



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

Application Form for Examination of Summer Session 2020 event.

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

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nk in your 'e-Suvidha' account on



	PRN:	Eligibility S	Status:	Examination form 114099		Division/Section:	Roll No.	:	Agam. B.D.	
	2017016401607874	Eligibl	le			Α	14			
Instr	uction Medium:					Nationality:	India			
				Student's Perso	onal Informati	on				
Stud	ent's Name: DOSHI	AAGAM BHARATE	BHAI		Mother's Name: M			(Gender: Male	
Nam	e in Vernacular Languaç	je:दोषी आगम भरत	तभाई							
Addı	ess: 002/B-5,SHANKHE	SHWAR NAGAR	OPP-SHANII	DEV TEMPLE,MANPAI	DA ROAD DO	MBIVALI(E)				
_	DOMBIVALI, Taluka: Ka	alyan, District: Tha			1					
	phone no.:			le no: 917666966270			: AAGAMDO	SHI110	0@GMAIL.COM	
	: Mar 21, 1999	Category:	<u>'</u>		, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Handicap: No	1_			
	ious Latest Examination		Regular-Rev1	6)	Exam Even	t: Apr-2019	Seat	No: 324	16564 (Status: Pass)	
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SN 1	Paper Code 88701	Software Quality As	ccuranco	Paper Name			Th LIA	\ [] ;Th-	AM - AT	
2		Security in Comput						۱] ;Th-		
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7 USIT6P2 Security in Computing Practical						Pr-UA	.[]			
8	USIT6P3 E	Business Intelligen	nce Practical				Pr-UA	[]		
9 USIT6P4 Principles of Geographic Information Systems F					l		Pr-UA	[]		
10 USIT6P6 Advanced Mobile Programming								[]		
Con	ocation Fee	Exam	n Form Late F	ee Exam Form Super Late Fe			Exan	nination	Fees	
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Pavr	nent Details: A	mount Received:		College Receipt No. and Date:						
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Cent	er Preference (Code/Na	me):		l						
	ue Preference (Code/Na									
To, ⊺	he Controller of Examin	ation,						Place:	Vidyavihar	
	uest permission to prese							Date:		
					omplete and correct to the best of my knowledge and be sed for the examination for which I am appearing. I shall			Date.		
requ	est for any special conce	ession such as cha	ange in time o	or day fixed for universit	ty Examination	n etc. on religious or	any			
	r ground. I understand th elled or rejected.	iat in the event of a	any information	on being found raise or	incorrect, my	candidature is liable	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 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 Sta	College 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)

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



	PRN:	Eligib	oility Status:	Examination for 114100	m No.:	Division/Section:	Roll No).:	VKam		
2	2017016401795277	E	Eligible			Α	33		11000		
Instru	ction Medium:					Nationality:	India				
				Student's Per	sonal Informati	on					
Stude	ent's Name: NIKAM \	/IJAYA VISH	IWAS			Mother's Name: VA	ISHALI	(Gender: Female		
Name	e in Vernacular Languaç	je:मराठी						•			
Addre	ess: PANJABI COLONY	CHAWL NO). 2 ROOM NO.20	0 2 VASANTRO NAIK	NAGAR NET	AJI NAGAR, NETAJI	NAGAR, GH	ATKOPA	AR (EAST)		
City:	MUMBAI, Taluka: Muml	bai, District: N	Mumbai City, Stat	e: Maharashtra, PIN: 4	00077						
Telep	hone no.:		Mob	oile no: 919594254716		Email	: vijunikam1	234@gn	nail.com		
DOB:	Aug 03, 1998	Cate	egory: Open		Physically	Handicap: No					
Previ	ous Latest Examination	Details: Sem	n III(Regular-Rev1	6)	Exam Even	t: Apr-2019	Sea	t No: 546	645 (Status: Pass)		
Exam	form appearance type:	Fresher									
Pape	r Details: Pleas	se select Pap	er details which y	ou want to appear (U	A - University A	Assessment,CA - Col	lege Assessr	ment)			
SN	Paper Code			Paper Name)				AM - AT		
1	88701 S	Software Qua	lity Assurance				Th-U	A [] ;Th-	CA[]		
2	88702 S	Security in Co	omputing				Th-U	A [] ;Th-	CA[]		
3	88703 E	Business Inte	lligence				Th-U	A [] ;Th-	CA[]		
4	88704 F	Principles of C	Geographic Inform	nation Systems			Th-U	Th-UA[];Th-CA[]			
5 88706 IT Service Management							Th-U	A [] ;Th-	CA[]		
6	USIT6P1 F	Project Implementation Pr-UA									
7	USIT6P2 S	Security in Computing Practical Pr-UA []									
8			lligence Practical				Pr-U				
9				nation Systems Praction	al		Pr-U	Pr-UA[]			
10	USIT6P6 A	Advanced Mo	bile Programming]					Pr-UA []		
Conv	ocation Fee		Exam Form Late	ee Exam Form Super Late Fee			Exa	Examination Fees			
Mark	Statement Fee		Total:								
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	he Controller of Examin							Place:	Vidyavihar		
	est permission to prese	-	the ensuing exan	nination. I have remitte	d the prescribe	ed fee for the same. I	hereby	l lucc.	viayaviilai		
	re that all statement ma							Date:			
	gone through the syllab est for any special conce										
other 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 Signa							udent's Signature				
Decla	ration by Principal/HOD	D/Chairpersor	n						<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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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	PRN:	Eligi	bility Status:	Examination form 114101	No.:	Division/Secti	on: R	oll No.:		
:	2017016401795432		Eligible		_	Α		1		-leave
Instru	uction Medium:					Nationality:	India			
				Student's Persor	nal Informati	on				
Stude	ent's Name: AMBRE	E ABHISHEK	SURESH			Mother's Nar	ne: SUJATA A	AMBRE	G	Gender: Male
Nam	e in Vernacular Langua	age:Abhishek								
Addr	ess: Matoshri niwas ch	awl kurla kajı	ıpada Pipeline and	heri road						
City:	Mumbai, Taluka: Kurla	, District: Mui	mbai Suburban, Sta	ate: Maharashtra, PIN: 4	00072					
Telep	phone no.:		Mobi	le no: 918424832375			Email : aaam	bre80@	gmail.	com
DOB	: Oct 07, 1997	Cat	egory: Open		Physically	Handicap: No	1			
Previ	ous Latest Examination	n Details: Ser	m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019		Seat N	lo: 324	6552 (Status: Pass)
Exan	n form appearance type	e: Fresher								
Pape	r Details: Plea	ase select Pa	per details which yo	ou want to appear (UA -	University A	Assessment,CA	A - College As	sessme	nt)	
SN	Paper Code			Paper Name						AM - AT
1	88701		ality Assurance					Th-UA [[];Th-(CA[]
2	88702	Security in C	omputing					Th-UA [[];Th-(CA[]
3	88703	Business Inte	elligence					Th-UA [[];Th-(CA[]
4		Principles of	Geographic Inform	ation Systems				Th-UA [
5	5 88706 IT Service Management							Th-UA[];Th-CA[]		
6 USIT6P1 Project Implementation							Pr-UA []		
7 USIT6P2 Security in Computing Practical								Pr-UA [_	
8 USIT6P3 Business Intelligence Practical								Pr-UA [_	
9 USIT6P4 Principles of Geographic Informa				ation Systems Practical				Pr-UA []	
10		Advanced M	obile Programming]	
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	he Controller of Exami							Г	Place:	Vidyavihar
		•	r the ensuing exam	ination. I have remitted t	he prescrib	ed fee for the s	ame. I hereby		iace.	viuyaviilai
decla	re that all statement m	ade in this ap	plication are true, o	complete and correct to t	he best of n	ny knowledge a	and belief. I		oate:	
				bed for the examination or or day fixed for university						
other	ground. Í understand t			on being found false or i						
canc	elled or rejected.								Stu	ıdent's Signature
Decla	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.										
cours	Sertenni Work (II any) ac	cording to un	iiversity rules.							
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on



Principal/HOD/Chairperson

Examination form No.: PRN: **Eligibility Status:** Division/Section: Roll No.: 114102 Conto 2017016401983247 Eligible Nationality: Instruction Medium: India Student's Personal Information Student's Name: **GUPTA SANTOSH GANGARAM** Mother's Name: URMILA DEVI Gender: Male Name in Vernacular Language:गुप्ता संतोष Address: 97 A/B, ROOM NO 3, GHOLKAR WADI,MAGAN NATHURAM MARG, MAGAN NATHURAM SCHOOL,KURLA (w), City: MUMBAI, Taluka: MUMBAI, District: , State: Maharashtra, PIN: 400070 Telephone no.: 9702571221 Mobile no: 919702571221 Email: sg04599@gmail.com DOB: Mar 29, 1997 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246568 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code Paper Name AM - AT 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Pr-UA[] Security in Computing Practical 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] Exam Form Late Fee **Examination Fees** Convocation Fee Exam Form Super Late Fee Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: DD Date: DD No: MICR 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: 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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

Examination form No.:

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			ibility Status:	Examination form 114103 		Division/Section:	Roll No. 53	.:	Supriya Singh	
	2017016403361616	PI	Provisional		III				Candidate's	
nstru	uction Medium:			Ctudentle Deres	: - Li-format	Nationality:	India			
C+ud	lent's Name: SINGH	CI IDRIYA R	AVINDRA KUMAR	Student's Perso)hai intormati	Mother's Name: NI		- I	Gender: Female	
	ne in Vernacular Langua					Mourer 3 Name. 14	LLLAW		Gender, i emaic	
	ress: A5-2, JAY DURGA		MIMBAL							
				State: Maharashtra, PIN:		WEST, MUNDAI				
	phone no.:	<u>u, Diotriot</u>		pile no: 917045546147	400072	Emai	 iil :			
	B: May 17, 2000	Cat	tegory: Open		Physically	y Handicap: No				
Prev	vious Latest Examination			l6)	T	nt: Apr-2019	Seat	t No: 90	9983 (Status: Pass)	
Exan	m form appearance type	e: Fresher								
Pape	er Details: Pleas	se select Par	per details which y	ou want to appear (UA -	- University A	Assessment,CA - Co	llege Assessn	nent)		
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3		Business Inte						A [] ;Th-		
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6	+	Project Imple					Pr-UA		-CA[]	
7			Computing Practical	 I			Pr-UA			
8			elligence Practical				Pr-UA			
9				nation Systems Practical			Pr-UA			
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Conv	vocation Fee		Exam Form Late I	Fee	Exam Form	Super Late Fee	Exar	mination	n Fees	
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	r ground. I understand ti celled or rejected.	.nat in the eve	ant or any iniorman	on being lound raise or i	incorrect, my	/ Candidature is ilabit	e to be			
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respo		ectification of	f the information. He	y me. The information pri le/she is regular student						
Place	e:									
Date	\$			College Sta	College Staff Signature			Seal and Signature of Principal/HOD/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

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

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Examination form No.:



	PRN:	Eligi	bility Status:	114104	I INU	Division/Section:	Roll No	.:	ioin and		
	2017016403361632	Р	rovisional			Α	5		Specimen Signature		
nstr	uction Medium:	•	•			Nationality:	India	•			
				Student's Perso	nal Informati	ion					
Stud	ent's Name: BARN	AGARWALA I	HUSAIN YUSUF A	LI		Mother's Name: RA	ASHIDA	G	Gender: Male		
Nam	e in Vernacular Langua	age:बरनगरवाल	त्रा हुसैन युसूफ 3	ા ભી							
Addr	ess: MOHAMMED MA	NZIL, 4/404, 2	ZAINY CLOONY N	EAR MUMBRA POLIC	E STATION						
City:	THANE, Taluka: Mum	bai, District: N	Лиmbai City, State:	Maharashtra, PIN: 400	612						
Γele _l	phone no.:		Mob	ile no: 918291345112		Email	:				
OOB	: Jan 09, 1999	Cat	tegory: Open		Physically	Handicap: No					
Prev	ious Latest Examinatio	n Details: Sei	m IV(Regular-Rev1	6)	Exam Ever	nt: Apr-2019	Seat	No: 909	980 (Status: Pass)		
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	er Details: Plea	ase select Pa	per details which ye	ou want to appear (UA	- University A	Assessment,CA - Col	lege Assessn	nent)			
SN	Paper Code			Paper Name					AM - AT		
1	88701		ality Assurance					A [] ;Th-0			
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6 USIT6P1 Project Implementation							Pr-UA				
7	USIT6P2	,	computing Practical				Pr-UA				
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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							. I also undertake the ince and practical				
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				College Sta	College Staff Signature			Seal and Signature of Principal/HOD/Chairperson			



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

Application Form for Examination of Summer Session 2020 event.

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

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



Examination form No.: 114105 PRN: **Eligibility Status:** Division/Section: Roll No.: Contazajara 2017016403361647 Provisional Nationality: Instruction Medium: India Student's Personal Information Student's Name: JALAL MURTAZA YUSUF Mother's Name: SAKINA Gender: Male Name in Vernacular Language:जलाल मूर्तज़ा युसूफ Address: B-404, 4TH FLOOR MUMBRA DEVI APT, OPP ANGLE PARADISE ENGLISH SCHOOL NARAVAN NAGAR City: THANE, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400612 Telephone no.: 45112 Mobile no: 919664335649 DOB: Apr 09, 2000 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 909982 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) SN Paper Code Paper Name AM - AT 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Security in Computing Practical Pr-UA[] 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] **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: DD No: MICR 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:



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'e-Suvidha' account on



Examination form No.: PRN: **Eligibility Status:** Division/Section: Roll No.: 114106 2017016403361817 Provisional Nationality: Instruction Medium: India Student's Personal Information Student's Name: VISHWAKARMA GYANKUSH RAM MURTI Mother's Name: ARTI DEVI Gender: Male Name in Vernacular Language:विश्वकर्मा ज्ञानकुश राम मूर्ति Address: GROUND FLOOR, PREM NAGAR, LBS MARG, NAIK NAGAR, DHARAVI-SION, MUMBAI City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400022 Telephone no.: Mobile no: 919029300314 Email: DOB: Jan 15, 2000 Category: Reserved (OBC) Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 910242 (Status: ATKT) 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 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Pr-UA[] Security in Computing Practical 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] Exam Form Late Fee **Examination Fees** Convocation Fee Exam Form Super Late Fee Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: DD Date: DD No: MICR 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: College Staff Signature Seal and Signature of Principal/HOD/Chairperson



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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



Examination form No.: PRN: **Eligibility Status:** Division/Section: Roll No.: 114107 2018016402583291 Provisional Nationality: Instruction Medium: India Student's Personal Information Student's Name: JAT MADANLAL HIRALAL Mother's Name: PREMIDEVI Gender: Male Name in Vernacular Language:जात मदनलाल हिरालाल Address: OLD BARRACK NEAR NAVIJIVAN SOCIETY CHEMBUR CAMP MUMBAI City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074 Telephone no.: Mobile no: 919967528485 Email: JATMADANLAL001@GMAIL.COM DOB: Nov 03, 1997 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246572 (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 88701 Th-UA [];Th-CA [] Software Quality Assurance 88702 Th-UA [] ;Th-CA [] 2 Security in Computing ___ Th-UA [] ;Th-CA [] 3 88703 Business Intelligence 88704 4 Principles of Geographic Information Systems Th-UA[];Th-CA[] 5 88706 Th-UA [] ;Th-CA [] IT Service Management 6 USIT6P1 Project Implementation Pr-UA[] USIT6P2 Pr-UA[] Security in Computing Practical 8 USIT6P3 Business Intelligence Practical Pr-UA[] 9 USIT6P4 Principles of Geographic Information Systems Practical Pr-UA[] 10 USIT6P6 Advanced Mobile Programming Pr-UA[] Exam Form Late Fee **Examination Fees** Convocation Fee Exam Form Super Late Fee Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: DD Date: DD No: MICR 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:



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

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Examination form No.:



PRN: Eligibility Status:		114108		Division/Section	n: R	oll No.:	Eldb				
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nstru	uction Medium:					Nationality:	India		•		
				Student's Persor	nal Informati	on					
Stud	ent's Name: PARDI	HE GANESH	GULAB			Mother's Nam	e: RATNA		Gender: Male		
Nam	e in Vernacular Langu	age:पारधे गणे	श गुलाब								
Addr	ess: SURAJ SOCIETY	,ROOM NO4	/2, VIJAY NAGAR,	KALYAN (E)							
City:	KALYAN, Taluka: Meł	nekar, District	: Buldhana, State:	Maharashtra, PIN: 42130)6						
Telep	ohone no.:		Mob	ile no: 918655149882		I	Email : GANI	ESHPARE	DHE232@GMAIL.COM		
OOB	: Aug 10, 1998	Ca	tegory: Reserved (SC)	Physically	Handicap: No					
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