



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 4 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044153      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 3 2 9 0 0 4 2 8 8**Full Name:** ADULKAR SHUBHAM BHAGOJI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

310 E WARD NEW SHAHUPURI

**City** KOLHAPUR**PIN Code:** 416001**Email ID:** ADULKARSHUBHAM2@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75551 HINDI-VII DSE-E6 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 0 5 8 9 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020061245      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 4 6 8 8 6 6 4 5**Full Name:** ALASKAR SAMEER BABAJAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DHANGAR GALLI RUKADI

**City** KOLHAPUR**PIN Code:** 416118**Email ID:** sameeralaskar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM III)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 1 7 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020004618      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 0 8 0 5 7 3 1 8 8**Full Name:** ANKALI RAJ RAFIK**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** ISLAM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SALOKHE GALLI KALAMBE TARF THANE KOLHAPUR

**City** KALAMBE TARF THANE**PIN Code:** 416007**Email ID:** rankali495@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 5 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043655      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 5 8 5 9 9 0 0 8**Full Name:** AWALE SIDDHARTH DILIP**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PACHGAON

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** SIDAWALE80@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75553 HINDI-IX DSE-E8 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 0 0 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047527      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 0 5 8 3 1 2 3 0 8**Full Name:** BAGADE KUNAL KUNDAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MOREWADI R K NAGAR KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73487 Environmental Studies Cr. 0 | 3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4 | 3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4 | 3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4 | 3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 5 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021036962      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 2 7 0 0 7 9 8 5 5**Full Name:** BAKARE SHRIPAD SANJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** SHIMPI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GUJARI KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** bakareshripad@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4

3/5 75634 ECONOMICS-X DSE-E74 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 2 2 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037004      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 5 8 8 2 5 0 2 6 8**Full Name:** BARGIR SOVADDIN RAYAJAHMED**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

kagal kolhapur

**City** kolhapur**PIN Code:** 416216**Email ID:** sovddinbargir@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/5 75575 MARATHI-XI DSE-E5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 0 8 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043562      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 9 7 5 3 4 5 0 2 7**Full Name:** **BAVADEKAR VIKRANT KIRAN****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NIGAVE DUMALA

**City** KOLHAPUR**PIN Code:** 416229**Email ID:** KIRANBAVADEKAR5588@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 8 8 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021054197      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 5 1 7 5 6 1 7 5 0**Full Name:** BHAT ADITYA NAMDEV**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** adityabhat3726@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 5 0 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020010822      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 2 0 6 1 0 9 0 8**Full Name:** BHAT SIDDESH PRATAP**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** BHAT**Physical Disability** NOT APPLICABLE**Correspondence Address:**

851 A WARD NAVNATH NAGAR KOLHAPUR KALAMBA KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416007**Email ID:** siddeshbhat.10@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 9 9 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044553      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 6 2 5 9 6 7 0 8 2**Full Name:** BHOKARE SAIRAJ NETAJI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PACHGAON

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** BHOKARESAIRAJ@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 1 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021040202      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 9 2 1 5 5 3 2 3 1**Full Name:** BHORE SURAJ NANDKUMAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** GURAV**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** surajbhore9610@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75546 GEOGRAPHY-VII DSE-E106 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 6 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020394      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 2 4 9 7 5 0 0 9 9**Full Name:** BHOSALE ROHAN SANJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BORGAON POST AJANSODA TE; CHAKUR ANJANSONDA

**City** LATUR**PIN Code:** 413513**Email ID:** rigaboahi336@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 5 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047654      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 5 2 2 7 9 2 1 4**Full Name:** BHOSALE MASU SIDRAM**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416004**Email ID:** BHOSALEMASU@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/5 75612 SOCIOLOGY-VIII DSE-E67 Cr. 4

3/5 75615 SOCIOLOGY-XI DSE-E70 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 3 1 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020013139

College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 1 7 5 7 6 1 2 2 7**Full Name: **BHOSALE SHUBHAM SHANKAR**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

AT POST KAGAL KOLHAPUR

City KAGAL

PIN Code: 416316

Email ID: sourabhbhosale0104@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

( Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 1 2 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021008111      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 7 6 3 6 5 8 5 5 4**Full Name:** BORATE VISHAL KRUSHNAT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAWANE

**City** KOLHAPUR**PIN Code:** 416207**Email ID:** boratevishal8454@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 1 6 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013540      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 7 1 9 8 4 2 2 0 1**Full Name:** CHOUGALE ABHISHEK APPASO**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

146 CHOUGALE GALLI NEAR NVITHTHALAI TEMPLE KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416221**Email ID:** abhishekchougale0@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 0 7 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047611      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 6 6 3 0 1 0 4 9**Full Name:** CHOUGALE KEDAR SAGAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2604 B WARD SATH MARI MANGALWAR PETH

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** KEDARCHOUGALE@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024

To,		Form No. : <b>4 3 0 9 4 4 0</b>	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR			
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.			
<b>PRN:</b> 2021044574		<b>College:</b> Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
<b>Personal Information :</b>		<b>Mobile NO :</b> 7 5 5 9 2 3 9 5 9 6	
<b>Full Name:</b> CHOUGULE ROHIT MADHUKAR			
<b>Write Name in Devanagari (Marathi):</b> _____			
<b>Gender:</b> Male	<b>Religion:</b> HINDU	<b>Cast:</b> Maratha	<b>Physical Disability</b> NOT APPLICABLE
<b>Correspondence Address:</b>			
VANDUR			
<b>City</b> KOLHAPUR	<b>PIN Code:</b> 416216	<b>Email ID:</b> ROHITCHOUGULE113@GMAIL.COM	
<b>Study Center:</b> N.A.			
<b>Fees Details:</b>		<b>Total Fee ₹:</b> 0 (Uni.Fee. 0)	
<b>SEM V), SEM VI)</b>			
<b>Subject Details :</b>			
3/5 75502 English (Compulsory) AECC 5 Cr. 4	3/5 75571 MARATHI-VII DSE-E1 Cr. 4		
3/5 75572 MARATHI-VIII DSE-E2 Cr. 4	3/5 75574 MARATHI-X DSE-E4 Cr. 4		
3/6 75702 English (Compulsory) AECC 6 Cr. 4	3/6 75771 MARATHI-XII DSE-E126 Cr. 4		
3/6 75772 MARATHI-XIII DSE-E127 Cr. 4	3/6 75773 MARATHI-XIV DSE-E128 Cr. 4		
3/6 75774 MARATHI-XV DSE-E129 Cr. 4	3/6 75775 MARATHI-XVI DSE-E130 Cr. 4		
<b>Optional Subjects:</b>			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
<b>Place:</b>	<b>Date:</b>	<b>Student's Signature (Please sign strictly in the box shown below)</b>	<b>Principal's Signature &amp; Seal (Please sign in the box shown below)</b>
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 4 4 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021027389      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 6 6 1 1 8 1 3 9**Full Name:** DABHADE OMKAR UTTAM**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AT POST ISPURLI

**City** KOLHAPUR**PIN Code:** 416207**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 8 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020006886      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 2 8 8 2 1 7 1 9**Full Name:** DALAVI SACHIN SADASHIV**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEW VADADE VASAHT DALAVI GALLI, RAMLING MANDIR , GADMUDSHINGI OLHAPUR

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** Sachindalavi1010@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 1 1 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047552      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 0 4 9 2 2 0 7 2 5**Full Name:** DESAI RUSHIKESH VIJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** LOHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

457E WORD VENUS CORNER SHAHUPUR SHAHAROAD KOLHPAURA

**City** KOLHAPUR**PIN Code:** 416001**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/5 75612 SOCIOLOGY-VIII DSE-E67 Cr. 4

3/5 75615 SOCIOLOGY-XI DSE-E70 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 2 8 9 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2018006110      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 3 5 0 1 9 1 7 0 7**Full Name:** DEVKULE STISH SATAPPA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AT POST VADAKSHIWALE, HIRIJAN ,

**City** KOLHAPUR**PIN Code:** 416207**Email ID:** devkulesatish@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 9 8 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043905      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 6 2 5 0 9 3 3 3 6**Full Name:** DHADWAD SURAJ SAVALERAM**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male      **Religion:** HINDU      **Cast:** MAHADEV KOLI      **Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 41R51001092 SANEGURUJI

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** SSD@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4 | 3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4 | 3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4 | 3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4 | 3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			





**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 1 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019000577      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 9 7 0 1 6 1 7 5 2**Full Name:** DHANGAR YUVRAJ ANANDA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KARNUR

**City** KOLHAPUR**PIN Code:** 416216**Email ID:** RAR@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 1 1 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023857      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 2 7 6 7 7 3 1 3 2**Full Name:** DHAVAL AMRUT KUMAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

**City** KOLHAPUR**PIN Code:** 410024**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73459 Sociology-V DSC-D31 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/5 75612 SOCIOLOGY-VIII DSE-E67 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 5 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047624      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 6 5 3 2 3 0 4 5 2**Full Name:** DHUMAL SAURABH BHAGAVAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YENAPE

**City** KARAD**PIN Code:** 415111**Email ID:** SAURABHDHUMAL4267@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4

3/5 75532 ENGLISH-VIII DSE-E12 Cr. 4

3/5 75533 ENGLISH-IX DSE-E13 Cr. 4

3/5 75534 ENGLISH-X DSE-E14 Cr. 4

3/5 75535 ENGLISH-XI DSE-E15 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 2 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037330      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 8 3 9 7 9 9 5**Full Name:** GADGIL AKASH PRAKASH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PACHAGAON KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** akashgadgil9995@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75533 ENGLISH-IX DSE-E13 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 3 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020004098      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 4 1 0 1 9 9 8 7 1**Full Name:** GAIKWAD UMESH SUNIL**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ROOM NO 10 MHADA COLONY GAJANAN MAHARAJ NAGAR MANGALWAR PETH KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** jaykumarnarsugade@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73487 Environmental Studies Cr. 0

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75552 HINDI-VIII DSE-E7 Cr. 4

3/5 75553 HINDI-IX DSE-E8 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 5 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047628      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 9 5 6 3 0 4 0 6 3**Full Name:** GAVALI ANMOL MARUTI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** GAVALI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

163/4 PACHGAON

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** GAVALIANMOL@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73468 Psychology-VI DSC-D40 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4

3/5 75634 ECONOMICS-X DSE-E74 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 2 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013227      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 5 0 7 3 8 3 8 1 2**Full Name:** GAVAS OMKAR SATISH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL NAGAR NERLI TAL-KARVEER DIS-KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** gavasomkar2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 7 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019001895 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 5 7 2 9 0 9 0 2**Full Name:** GHATAGE ONKAR SHANKAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HARIJAN GALLI, SHANKARWADI

**City** KOLHAPUR**PIN Code:** 416232**Email ID:** AKSHAYAAPP@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 4 6 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023876      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 8 9 0 3 9 1 8 9 5**Full Name:** GHATGE SATYAM PUNDLIK**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Male      **Religion:** HINDU      **Cast:** MANG      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

RAJARAMPRI KOLHAPUR

**City** KOLHAUR**PIN Code:** 416001**Email ID:** AK@GMAIL.CIM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4 | 2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4 | 3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4 | 3/5 75573 MARATHI-IX DSE-E3 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4 | 3/5 75575 MARATHI-XI DSE-E5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4 | 3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4 | 3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4 | 3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 9 9 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013238      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 3 8 7 9 6 3 9 4 8**Full Name:** GHORPADE AMAR SANAJ**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NARHARI GALLI GADMUDSHINGI

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** Amarghorpade239@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 1 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019000582      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 2 0 7 6 6 0 0 4**Full Name:** GHORPADE SANGRAM SANJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NARAHAR GALLI, GADMUDSHINGI

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** RAR@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 8 1 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013583      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 3 7 0 6 9 6 0 2 0****Full Name:** **GOUD PRASAD DHARMENDRA****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TIPUGADE GALLI KALAMA TARFE THANE

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** prasadgoud6020@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 5 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021036955      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 7 0 7 6 2 6 3 7**Full Name:** HANKARE SIDHARTH SUNIL**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KASABA BAWADA KOLHAPUR

**City** kolhapur**PIN Code:** 416006**Email ID:** sidharthhankare@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75546 GEOGRAPHY-VII DSE-E106 Cr. 4

3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 2 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037260 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 7 5 8 3 3 5 6 1**Full Name:** HAWALDAR VINESH PRAKASH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PACHAGAON KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** vineshhawaldar075@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/6 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 3 5 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023868      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 8 2 3 4 8 5 3 8 9**Full Name:** HEGADE SHRDDHA SUNIL**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KALABA

**City** KOLHAPUR**PIN Code:** 416007**Email ID:** DIPATHORAF70@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 4 9 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020126 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 3 2 2 4 0 1 4 1 6**Full Name: **INGALE RUTURAJ SANJAY**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

133/599 B WAED BALAJI PARA , RAMANAND NAGAR ROAD KOLHAPUR.

City Kolhapur

PIN Code: 416007

Email ID: ruturajinggale51@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4

3/5 75634 ECONOMICS-X DSE-E74 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:

Date:

Student's Signature (Please sign strictly  
in the box shown below)Principal's Signature & Seal (Please sign  
in the box shown below)Specimen  
Signature:





**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 3 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021027744      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 5 2 0 3 4 8 7 2**Full Name:** INGALE GANESH SURESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** KHATIK**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1052 D WARD LONAR GALLI SHANIWAR PETH

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** aabc@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/5 75612 SOCIOLOGY-VIII DSE-E67 Cr. 4

3/5 75613 SOCIOLOGY-IX DSE-E68 Cr. 4

3/5 75614 SOCIOLOGY-X DSE-E69 Cr. 4

3/5 75615 SOCIOLOGY-XI DSE-E70 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 6 0 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020913      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 3 0 3 8 2 4 8 6**Full Name:** INGOLE SAGAR RAMESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** GOSAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

POLT NO 24 R S N 904, SARADAR PARK, DEVAKAR PANAND, KALAMBA, KOLHAPUR

**City** Kolhapur**PIN Code:** 416007**Email ID:** sagaringole2003@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75533 ENGLISH-IX DSE-E13 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 9 1 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044521      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 5 1 5 3 2 1 2 1**Full Name:** JADHAV SANKET SURESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANGALWAR PETH

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** SJ184745@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 8 1 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013585      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 4 6 9 7 8 0 8 6**Full Name:** JADHAV SUDARSHAN MAHADEV**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SANGAWADE WADI JADHAV GALLI

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** sudarshanjadhav0107@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 4 1 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013213      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 2 0 6 1 5 4 5 0**Full Name:** JAGTAP VAIBHAV RAJU**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TEMBALAI NAKA , RAILWAY PHATAK GATE NO.2 RAJARAMPURI KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** jagtapvaibhav2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 5 1 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023878      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 7 5 6 8 2 5 1 2 4**Full Name:** JALAKE HARSHVARDHAN HANMANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAHADEV COLANY MIRAJ

**City** Kolhapur**PIN Code:** 416410**Email ID:** harshvardhanjalake336@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 4 1 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047389 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 3 0 2 1 5 8 6 9 1 0**Full Name:** JAMADAR SAHIL ABULRAZZAK**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** sahil5555jamadar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73487 Environmental Studies Cr. 0

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 5 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044492      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 4 2 1 6 3 5 3 0 0**Full Name:** JAVEER ROHAN ASHOK**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

C WARD LAXMIPURI 876

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** ROHANJAVEER@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 1 6 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044489      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 8 3 4 6 7 2 7 4 7****Full Name:** **KABALE GOURAV PANDURAN****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SIDDHNERLI

**City** KOLHAPUR**PIN Code:** 416232**Email ID:** GAURAV2003KAMBLE@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 9 1 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044493      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 2 9 2 9 3 9 7 2**Full Name:** KADAM OMKAR MANOHAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** DHOR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MOREWADI

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** KADAMOMKAR0353@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,		Form No. : <b>4 3 0 4 4 6 6</b>	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR			
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.			
PRN: 2020013058		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : <b>9 0 6 7 1 5 0 2 2 5</b>	
Full Name: <b>KALAMKAR ADINATH ANANDA</b>			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
HANBAR GALLI			
City KOLHAPUR	PIN Code: 416216	Email ID: adinathkalamkar23@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: <b>0</b>	( Uni.Fee. 0)
SEM VI)			
Subject Details :			
3/6 75702 English (Compulsory) AECC 6 Cr. 4			
Optional Subjects:			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 1 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013644      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 4 8 5 0 4 1 7 4 9**Full Name:** KALKUTKI ROHIT VASANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

plot no 49, Jagruti nagar kolhapur

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** rohitkalkutki1218@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 2 8 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023730      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 7 6 6 9 6 8 7 2 9**Full Name:** KAMBALE OMKAR PANDURNAG**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SIDDHANERLI

**City** KOLHAAPUR**PIN Code:** 416232**Email ID:** omkarj8729@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 5 3 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020900      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 8 0 6 4 3 9 6 3 5**Full Name:** KAMBLE AKASH NANDKUMAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SULAKUD

**City** KAGAL**PIN Code:** 416216**Email ID:** akashkamble230101@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 4 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044539      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 9 6 7 4 3 6 8 8**Full Name: **KAMBLE DHAIRYASHIL VINOD**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

City

PIN Code:

Email ID: DHAIRYASHILK9@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 4 6 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013108      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 5 7 9 2 9 0 0 5 4****Full Name:** **KAMBLE NIKHIL PANDIT****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMBEDAKAR GALLI , MU. PO KALMBE TARFE THANE KALMBA KOLHAPUR

**City** KALAMBE TARF THANE**PIN Code:** 416007**Email ID:** nikhlyakamble007@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 3 8 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020012364      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 9 5 6 1 8 1 2 0 9**Full Name:** KAMBLE OMKAR SHANKAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

538, HARIJAN VASAHT NARHARI GALLI AMBEDKAR CHOWK GADMUDSHINGI

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** kambleomkar2000@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM V)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 4 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019000514      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 1 4 5 1 1 0 2 0 1**Full Name: **KAMBLE PRAJWAL BALASO**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

GADMUDSHINGI

City KOLHAPUR

PIN Code: 416119

Email ID: R10@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 3 8 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020012368      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 3 9 7 9 4 3 1 0 1**Full Name:** KAMBLE ROHIT ANANDA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PANCHSHIL NGAR GOKULSHIRGAON KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** Rohitkamble0103@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 4 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019000515      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 7 6 6 9 9 1 1 8 8**Full Name:** KAMBLE SHUBHAM SUNIL**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINI KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** R10@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV)****Subject Details :**

2/4 73458 History-VI DSC-C30 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 2 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021008149      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 1 5 6 9 4 2 1 8 4**Full Name:** KANKATRE SURAJ CHANDRAKANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** TELI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416005**Email ID:** surajkankatre1@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 3 4 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043586      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 2 6 1 9 8 5 5 0 2**Full Name:** KARNURKAR ABHAY MAHESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** ABHAYKARNURKAR09@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,		Form No. : <b>4 3 0 4 0 1 3</b>	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR			
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.			
PRN: 2020013632		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : <b>7 6 2 0 1 7 4 1 7 7</b>	
Full Name: <b>KENGAR GANESH RANDHIR</b>			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Other	Physical Disability NOT APPLICABLE
Correspondence Address:			
R B PATIL COLONY YUTH BANK MANG GADMUDSHINGI			
City KOLHAPUR	PIN Code: 416119	Email ID: nilesh.k1289@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: <b>0</b>	(Uni.Fee. 0)
SEM VI)			
Subject Details :			
3/6 75702 English (Compulsory) AECC 6 Cr. 4			
Optional Subjects:			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 4 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043679      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 4 0 4 3 1 4 0 5 6****Full Name:** **KESARKAR ABHISHEK BHIKAJI****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JALKEWADI

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** KESARKARABHISHEK17@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4

3/5 75533 ENGLISH-IX DSE-E13 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 5 3 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020302      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 9 7 5 2 6 6 3 1 1**Full Name:** KHAIRMODE AADINATH ASHOK**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

Kolhapur

**City** Kolhapur**PIN Code:** 416002**Email ID:** aadinathkharmode10@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75546 GEOGRAPHY-VII DSE-E106 Cr. 4

3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 5 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044160      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 8 8 1 6 6 7 2 6 0**Full Name:** KHEDAKAR AVADHUT GAJANAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAMBHAJI NAGAR

**City** KOLHAPUR**PIN Code:** 416007**Email ID:** AVDHUTKHEDKAR@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73433 Marathi-V DSC-C25 Cr. 4

2/4 73434 Marathi-VI DSC-C26 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/5 75560 HISTORY-XI DSE-E65 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 2 0 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020375      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 0 4 9 2 1 2 3 3 3****Full Name:** **KHEDKAR KARAN VISHWAS****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI PETH KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** KARANKHEDKAR333@GAMIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 1 5 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013539      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 1 2 0 7 3 8 3 0**Full Name:** KHOT PREM SANDEEP**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P KANERIADI KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** premkhot648@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 5 2 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013216      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 2 2 9 8 3 8 6 8**Full Name:** KHOT RUSHIKESH BAJIRAO**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

69 badewadi taluka panhala vekhandwadi

**City** kolhapur**PIN Code:** 416213**Email ID:** rushikeshkhot@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 0 8 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047590      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 6 6 3 9 7 7 3 6**Full Name:** KOLEKAR YASH RAJKUMAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

790B/38 RAIGAD COLONY PACHGAON

**City** KOLHAPUR**PIN Code:** 416007**Email ID:** YRK@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75533 ENGLISH-IX DSE-E13 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024

To,		Form No. : <b>4 3 0 9 4 4 6</b>	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR			
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.			
PRN: 2021043581		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : <b>9 5 2 9 3 2 2 6 8 4</b>	
Full Name: <b>KOLI SHRINIVAS SHRIMANT</b>			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
UCHGAON			
City KOLHAPUR	PIN Code: 416005	Email ID: SHRENEWASKOLI@GMAIL.COM	
Study Center: N.A.			
Fees Details:		Total Fee ₹: <b>0</b> (Uni.Fee. 0)	
SEM IV), SEM VI)			
Subject Details :			
2/4 73423 Logic-T-II Cr. 4		2/4 73487 Environmental Studies Cr. 0	
3/6 75702 English (Compulsory) AECC 6 Cr. 4		3/6 75751 HINDI-XII DSE-E131 Cr. 4	
3/6 75752 HINDI-XIII DSE-E132 Cr. 4		3/6 75753 HINDI-XIV DSE-E133 Cr. 4	
3/6 75754 HINDI-XV DSE-E134 Cr. 4		3/6 75755 HINDI-XVI DSE-E135 Cr. 4	
Optional Subjects:			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 4 9 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013217      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 7 9 8 6 7 2 0 2 1**Full Name:** KORANE VEDANT GUNDOPANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

898 C WARD RAVIVAR PETH KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** vedantkorane00@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 2 3 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020506      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 2 0 6 5 7 0 7 2**Full Name:** KUBADE SUMIT DILIP**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

808/2, katyayani complex, jayhind colony, kalamba kolhapur

**City** kolhapur**PIN Code:** 416007**Email ID:** sumitkubade70@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/3 73330 Social Ecology-1 Cr. 4

2/4 73459 Sociology-V DSC-D31 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/5 75612 SOCIOLOGY-VIII DSE-E67 Cr. 4

3/5 75614 SOCIOLOGY-X DSE-E69 Cr. 4

3/5 75615 SOCIOLOGY-XI DSE-E70 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 5 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044164      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 5 8 3 5 0 6 1 3**Full Name:** KULKARNI KEDAR MAHESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** KEDARKULKARNI0613@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 4 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019000517      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 1 7 2 0 6 7 9 5 0**Full Name:** KURANE ADARSH ANANDA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** R10@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 7 5 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020438      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 2 8 1 6 6 3 2 6**Full Name:** LAKHE SARTHAK SACHIN**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Male      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

UCHGAON

**City** Kolhapur**PIN Code:** 416004**Email ID:** lakhesarthak777@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0      (Uni.Fee. 0)**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4	2/4 73410 English Compulsory (AECC-4) Cr. 4
--	---

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4	3/5 75532 ENGLISH-VIII DSE-E12 Cr. 4
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3/5 75533 ENGLISH-IX DSE-E13 Cr. 4	3/5 75534 ENGLISH-X DSE-E14 Cr. 4
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3/6 75702 English (Compulsory) AECC 6 Cr. 4	3/6 75731 ENGLISH-XII DSE-E136 Cr. 4
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3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4	3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4
---------------------------------------	--------------------------------------

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4	3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4
-------------------------------------	--------------------------------------

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 0 8 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044151      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 1 7 5 6 3 7 3 9 5****Full Name:** **LOHAR OMKAR ISHWARA****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** LOHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

shivaji nagar, jhanda, hupri, redal

**City** kolhapur**PIN Code:** 416203**Email ID:** loharomkar37@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 4 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020116      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 6 7 8 0 5 3 4 4**Full Name:** MAHAPURE VIRAJ PANKAJ**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** Christian**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1186. WARD RAJARAMPURI 4 LANE .OPP GANDHI VACHANALAY, KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** virajmahapure655@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 4 7 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013192      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 1 1 9 5 7 9 3 8**Full Name:** MANE ABHISHEK ARUN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR MANE WADA , JALANDAR ROAD HUPARI , KOLHAPUR

**City** HUPARI**PIN Code:** 416003**Email ID:** abhiamane2000@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 5 0 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021027449      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 4 2 1 1 8 6 8 1 5**Full Name:** MANE KUNAL NILKANTH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

**City** Kolhapur**PIN Code:** 416002**Email ID:** kunalmane2322@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/5 75612 SOCIOLOGY-VIII DSE-E67 Cr. 4

3/5 75615 SOCIOLOGY-XI DSE-E70 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 4 9 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021027415      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 8 5 6 0 1 9 1 6 1**Full Name:** MANE VISHAL SURESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

**City** Kolhapur**PIN Code:** 416002**Email ID:** AMANE1901@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

<b>Place:</b>	<b>Date:</b>	<b>Student's Signature (Please sign strictly in the box shown below)</b>	<b>Principal's Signature &amp; Seal (Please sign in the box shown below)</b>
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 6 8 2 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047581      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 5 5 2 8 9 6 2 0 8****Full Name:** **METEKAR RUSHIKESH VITTHAL****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MURGUD

**City** KOLHAPUR**PIN Code:** 416219**Email ID:** RUSHIKESHMETAKAR6208@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 5 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044188      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 1 2 9 8 2 0 0 1**Full Name:** MIRSHIKARI AJIM SHABBIR**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Male      **Religion:** MUSLIM      **Cast:** MUSLIM      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

SHAHUNAGAR

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** AJIMMIRSHIKARI@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4 | 3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4 | 3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4 | 3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4 | 3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4 | 3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 4 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043824      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 5 3 0 9 6 0 9 9 5**Full Name:** MULLA SOHEL ILAHI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** SOHELMULLA0995@GMAIL.COM**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 1 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020004651      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 1 1 8 8 5 0 2 7**Full Name:** MUNGAL SIDDHARTH CHANDRAKANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

javahar colony javaharnagar kolhapur

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** campusent7177@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 6 6 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047399      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 2 2 1 7 3 0 5 2**Full Name:** NAIKWADE SHOHEB MEHARBAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** naikwadeshohab48@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75546 GEOGRAPHY-VII DSE-E106 Cr. 4

3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 7 4 2 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047417      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 1 8 5 4 2 1 4 9**Full Name:** NALAVADE GAURAV DEEPAK**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2322 B WARD MANGALWAR PETH

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** GAURAVNALAVADE7@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75634 ECONOMICS-X DSE-E74 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 1 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013543      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 8 8 7 7 8 5 5 5 6**Full Name:** NALAWADE ABHISHEK SUDHAKAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR PANYACHI TAKI SASRA CHOUK TAMGAON

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** abhisheknalawade@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 2 9 4 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021036980      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 7 6 3 9 9 9 5 9 3**Full Name:** NALAWADE SHRINIVAS SADANAND**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

**City** kolhapur**PIN Code:** 416012**Email ID:** shrinivasnalavade2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 1 8 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020441      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 0 3 8 5 6 6 4 0**Full Name:** NAME PRAVIN RAJU**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

WALIWADE ROAD WALIWADE

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 5 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047521      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 3 8 5 0 1 8 9 7 0**Full Name:** NARWADE NILESH YOGESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2950 C WARD SHANIWAR PETH

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** NILESHNARWADE02@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 1 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013781      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 7 0 6 8 3 6 1 4**Full Name:** **NAVALE SHUBHAM SANDEEP****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GIRGAON KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** campusent7177@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 2 4 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020513      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 7 6 7 5 2 0 1 7 4**Full Name:** PANHALKAR KEDAR VINAYAK**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** panhalkarkedar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75546 GEOGRAPHY-VII DSE-E106 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 1 1 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023848      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 3 7 0 7 7 7 6 3 5****Full Name:** **PARISHWAD ATHARV SHRIDHAR****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAMBHAJI NAGAR KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** atharvparishwad28@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73467 Psychology-V DSC-D39 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 3 2 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023785      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 1 2 0 7 9 0 8 8**Full Name:** PARIT BHALCHANDRA BABASO**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** PARIT**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATTNAKODOLI

**City** KOLHAPUR**PIN Code:** 416202**Email ID:** BHAALCHDRAPARIT6492@GMIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 3 4 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047659 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 4 1 0 1 8 4 5 2 6**Full Name: **PARIT SHUBHAM SANJAY**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: PARIT

Physical Disability NOT APPLICABLE

Correspondence Address:

City

PIN Code:

Email ID: SPARIT490@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 6 6 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020348      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 3 7 3 5 3 1 1 4 3****Full Name:** **PATIL AAKASH ARJUN****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI KOLHPUR

**City** Kolhapur**PIN Code:** 416008**Email ID:** akashpatil26112001@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 2 6 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020546 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 2 8 4 9 9 1 0 6 7**Full Name: **PATIL ABHISHEK SUDHAKAR**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

BAICHA PUTALA RAJARAMPURI KOLHAPUR

City KOLHAPUR

PIN Code: 416008

Email ID: PISHWAR1994@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)**

Subject Details :

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73434 Marathi-VI DSC-C26 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:

Date:

Student's Signature (Please sign strictly  
in the box shown below)Principal's Signature & Seal (Please sign  
in the box shown below)Specimen  
Signature:



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 2 2 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020492      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 7 8 8 9 9 1 9 5 7**Full Name:** PATIL ABHIJEET SURESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

shiroli. pulachi ghatage galli.

**City** kolhapur**PIN Code:** 416122**Email ID:** abhipatil74944@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 5 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044564      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 7 0 9 1 6 5 6 8 0**Full Name:** PATIL AJINKYA DILIP**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** LAP2335964@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024

To,	Form No. : <b>4 3 0 3 1 0 7</b>		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR			
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.			
<b>PRN:</b> 2018092668 <b>College:</b> Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR			
<b>Personal Information :</b> <span style="float: right;"><b>Mobile NO :</b> 9 4 2 2 6 2 9 3 8 3</span>			
<b>Full Name:</b> PATIL AMRUT YALLAPPA			
<b>Write Name in Devanagari (Marathi):</b> _____			
<b>Gender:</b> Male <b>Religion:</b> HINDU <b>Cast:</b> Maratha <b>Physical Disability</b> NOT APPLICABLE			
<b>Correspondence Address:</b>			
PKOT NO 52 SHIVNERI NAGAR			
<b>City</b> KOLHAPUR <b>PIN Code:</b> 416013 <b>Email ID:</b> amrutyallappapatil@gmail.com			
<b>Study Center:</b> N.A.			
<b>Fees Details:</b> <span style="float: right;">Total Fee ₹: <b>0</b> ( Uni.Fee. 0)</span>			
<b>SEM VI)</b>			
<b>Subject Details :</b>			
3/6 75702 English (Compulsory) AECC 6 Cr. 4			
<b>Optional Subjects:</b>			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
<b>Place:</b>	<b>Date:</b>	<b>Student's Signature (Please sign strictly in the box shown below)</b>	<b>Principal's Signature &amp; Seal (Please sign in the box shown below)</b>
<b>Specimen Signature:</b>			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 2 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013228      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 8 6 2 0 6 3 4 3 9**Full Name:** PATIL ANIKET SHAHAJI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL NAGAR NERLI

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** shahajipatil@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 5 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043612      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 8 5 7 9 4 6 0 9 2**Full Name:** PATIL ANIRUDDHA SUNIL**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Holar**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** ASP@GMAIL.COM**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73380 Psychology- III DSC-D11 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/5 75612 SOCIOLOGY-VIII DSE-E67 Cr. 4

3/5 75615 SOCIOLOGY-XI DSE-E70 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 1 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037232      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 3 8 0 9 8 4 5 5 1**Full Name:** PATIL PRATHAMESH ABHAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KALAMBA KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416007**Email ID:** patilprathamesh@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73377 Political Science -IV DSC-D8 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 9 1 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023690      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 2 0 0 5 6 3 0 6**Full Name:** PATIL PUKSHRAJ NITIN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** PUSHRAJPATILS963@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 3 5 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044387      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 5 2 3 6 8 8 3 1 0**Full Name:** PATIL ROHIT RANGARAO**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MALI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISPURLI

**City** KOLHAPUR**PIN Code:** 416207**Email ID:** ROHITPATIL4030@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 5 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043546      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 0 9 6 7 3 1 3 1 1**Full Name:** PATIL SHRIDHAR ANIL**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GIRGAON

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** PSHRIDHAR428@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 9 9 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023802      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 5 5 9 1 0 1 3 3 0**Full Name:** PATIL SHRIHARI MADHUKAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KALAMBA KOLHAPURA

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** patilshrihari555@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,		Form No. : <b>4 3 1 4 3 5 0</b>	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR			
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.			
<b>PRN:</b> 2021047641		<b>College:</b> Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
<b>Personal Information :</b>		<b>Mobile NO :</b> 7 3 8 7 6 6 0 6 4 8	
<b>Full Name:</b> PATIL SUHAS MAHADEV			
<b>Write Name in Devanagari (Marathi):</b> _____			
<b>Gender:</b> Male	<b>Religion:</b> HINDU	<b>Cast:</b> Maratha	<b>Physical Disability</b> NOT APPLICABLE
<b>Correspondence Address:</b>			
<b>City</b>	<b>PIN Code:</b>	<b>Email ID:</b> SP3562744@GMAIL.COM	
<b>Study Center:</b> N.A.			
<b>Fees Details:</b>		<b>Total Fee ₹:</b> 0	<b>( Uni.Fee. 0)</b>
<b>SEM V), SEM VI)</b>			
<b>Subject Details :</b>			
3/5 75531 ENGLISH-VII DSE-E11 Cr. 4	3/5 75532 ENGLISH-VIII DSE-E12 Cr. 4		
3/5 75533 ENGLISH-IX DSE-E13 Cr. 4	3/5 75534 ENGLISH-X DSE-E14 Cr. 4		
3/6 75702 English (Compulsory) AECC 6 Cr. 4	3/6 75731 ENGLISH-XII DSE-E136 Cr. 4		
3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4	3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4		
3/6 75734 ENGLISH-XV DSE-E139 Cr. 4	3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4		
<b>Optional Subjects:</b>			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
<b>Place:</b>	<b>Date:</b>	<b>Student's Signature (Please sign strictly in the box shown below)</b>	<b>Principal's Signature &amp; Seal (Please sign in the box shown below)</b>
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 4 4 2 3 1 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044162      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 5 3 0 8 7 0 4 3 2**Full Name:** PATIL SURAJ TANAJI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANERI

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** SPATIL7346@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4 | 3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4 | 3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4 | 3/5 75575 MARATHI-XI DSE-E5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4 | 3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4 | 3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4 | 3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 7 4 2 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047560      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 3 9 3 8 3 7 0 0**Full Name:** PATIL SUYESH RAVINDRA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIROLI(PU) MALWADI

**City** KOLHAPUR**PIN Code:** 416122**Email ID:** PATILSUYASH3335@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75551 HINDI-VII DSE-E6 Cr. 4

3/5 75552 HINDI-VIII DSE-E7 Cr. 4

3/5 75553 HINDI-IX DSE-E8 Cr. 4

3/5 75555 HINDI-XI DSE-E10 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 1 5 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020452      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 5 8 8 4 7 7 1 5 6****Full Name:** **PATIL UNMESH UTTAM****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

lokre galli datt, mandir kaneri

**City** kolhapur**PIN Code:** 416234**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**





# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 8 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023671 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 3 2 9 3 9 4 9 6 3**Full Name: **PATIL VINAYAK VISHNU**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

KADALGE BUDRUK KADALGE  
CHANDGAD KOLHAPUR

City Kolhapur

PIN Code: 416507

Email ID: pishwar1994@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73410 English Compulsory (AECC-4) Cr. 4 | 3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4 | 3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4 | 3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4 | 3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4 | 3/6 75702 English (Compulsory) AECC 6 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 0 8 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047421      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 7 3 1 3 3 3 4 8**Full Name:** PATIL VISHAL NAMDEV**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GOKUL SHIRGAON

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** VP9679666@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 5 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043643      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 6 5 7 0 4 4 8 3 2**Full Name:** PAWAR ABHISHEK BALASAHEB**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** ABHISHEKPAWAR2483@GMAIL.COM**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75553 HINDI-IX DSE-E8 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 6 8 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020929      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 7 6 5 6 6 2 5 3 8**Full Name:** PAWAR DINESH PRAKASH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** BHANGI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI VIDYAPITH KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416004**Email ID:** POWARDINESH89@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75546 GEOGRAPHY-VII DSE-E106 Cr. 4

3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 0 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013517      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 2 0 8 3 9 2 2 4**Full Name:** PIMPALE KRUSHNAT SANJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

Datta Colony Talav Road Kaneri Kolhapur

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** campusnet7177@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 4 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044178      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 3 8 7 6 4 6 5 9 7**Full Name:** POWAR PRATHMESH PRAKASH**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Male      **Religion:** HINDU      **Cast:** CHAMBHAR      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

JAWHAR NAGAR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** PRATHMESHPOWAR0900@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73433 Marathi-V DSC-C25 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/5 75575 MARATHI-XI DSE-E5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 9 6 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020740      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 3 7 8 0 0 8 9 2 0**Full Name:** PRADHAN DHAIRYSHIL MADHUKAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** mhdhaitya4346@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 0 0 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021039996      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 2 2 9 9 2 6 6 7**Full Name:** RABADE YESHRAJ YUVRAJ**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI PETH KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** yashrajrabade68@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/5 75575 MARATHI-XI DSE-E5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 3 4 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043645      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 4 2 1 2 0 2 3 7 9**Full Name: **REDEKAR AKASH VILAS**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

City

PIN Code:

Email ID: AKASHREDEKAR200@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM IV), SEM V), SEM VI)

Subject Details :

2/3 73347 Marathi -IV DSC-C2 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73434 Marathi-VI DSC-C26 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/5 75575 MARATHI-XI DSE-E5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:

Date:

Student's Signature (Please sign strictly  
in the box shown below)Principal's Signature & Seal (Please sign  
in the box shown below)Specimen  
Signature:



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 2 9 8 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037011 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 3 0 6 8 2 3 9 5**Full Name:** REDEKAR PRATHAMESH SHAHAJI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P UCHAGAON

**City** KOLHAPUR**PIN Code:** 416005**Email ID:** prathameshredekar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75546 GEOGRAPHY-VII DSE-E106 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 2 9 9 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037013      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 4 1 1 9 2 4 4 9**Full Name:** REDEKAR SURAJ SURESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P UCHAGAON

**City** KOLHAPUR**PIN Code:** 416005**Email ID:** redekarsuraj@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 5 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047621      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 7 3 0 9 4 0 0 5**Full Name:** RENDALKAR OMKAR BALASAHEB**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UJLAIWADI

**City** KOLHAPUR**PIN Code:** 416004**Email ID:** OMKARRENDALKAR960@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75552 HINDI-VIII DSE-E7 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 1 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020004653      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 3 7 0 1 7 5 0 7 5****Full Name:** **REVADE RAM SHANKAR****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DHANKAR GALLI KHAT KARKHANA ROAD GADMUDSHINGI KOLHAPUR

**City** GADMUDSHINGI**PIN Code:** 416119**Email ID:** bhikajirevade1213@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 0 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043555      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 2 0 8 9 4 3 2 9**Full Name:** RIKIBDAR EJAJAHMED ABDULRAHAMAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** ISLAM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2456 D WARD SHUKRAWARPETH

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** EAR@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73468 Psychology-VI DSC-D40 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 0 9 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023822      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 2 2 8 6 6 6 3 1**Full Name:** SALUNKHE HARSH ANBADAS**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

**City** KOLHAPUR**PIN Code:** 410084**Email ID:** ravindsalukhe@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 4 4 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021038599      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 9 2 3 0 5 9 8 4 0**Full Name: **SANKPAL SAVKAR RAVINDRA**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

City KANDALGAON

PIN Code:

Email ID: sankpalsavkar@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM IV), SEM V), SEM VI)

Subject Details :

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 4 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019000527 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 7 5 6 0 6 1 3 0 8**Full Name: **SANKPAL VINAYAK BAJIRAO**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: CHAMBHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

JAGRUTI NAGAR

City KOLHAPUR

PIN Code: 416008

Email ID: AKSHAYAAPP@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 4 8 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023706      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 2 2 6 0 9 3 3 8**Full Name:** SARANG ANMOL BHARAT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SIDDNAERLI KAGAL

**City** Kolhapur**PIN Code:** 416232**Email ID:** anmolsarango@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 6 9 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021036992      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 3 0 9 9 0 3 1 8**Full Name:** SARNAIK SHUBHAM SHASHIKANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P NAGAON

**City** KOLHAPUR**PIN Code:** 416207**Email ID:** shubhamsarnaik3873@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 2 6 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020560      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 5 6 8 2 9 0 8 3**Full Name:** SHAIKH AFTAB AKBAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJE SAMBHAJI COLNY KARVEER

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** PISHWAR1994@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73377 Political Science -IV DSC-D8 Cr. 4 | 2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4 | 3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4 | 3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4

3/5 75634 ECONOMICS-X DSE-E74 Cr. 4 | 3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4 | 3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4 | 3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4 | 3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 9 0 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020005348      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 3 0 8 7 0 1 9 1 9**Full Name:** SHAIKH SIDDIK MAHAMAD**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

293 E WARD PRAGATI KIRANA KIRANA STORE SAMOR YADAV NAGAR KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** smssms8509@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/5 75575 MARATHI-XI DSE-E5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 1 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020004652      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 6 7 5 6 0 3 5 5**Full Name:** SHENDE PRAFULL KIRAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

162, HUDYVARIL VASAHAAT GADMUDSHINGI KOLHAPUR

**City** GADMUDSHINGI**PIN Code:** 416119**Email ID:** prafullshende93@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 9 1 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023888      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 7 6 3 5 2 9 5 1 9**Full Name:** SHINDE ANIRUDHA GORAKHA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HARGUDEWADI SHAHUVADI KOLHAPUR

**City** Kolhapur**PIN Code:** 416214**Email ID:** anirudhashinde7676@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 2 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037249      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 8 8 8 9 7 8 2 7 3**Full Name:** SHINDE PRATIK UTTAM**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P PACHAGAON KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** pratikshinde@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75571 MARATHI-VII DSE-E1 Cr. 4

3/5 75572 MARATHI-VIII DSE-E2 Cr. 4

3/5 75574 MARATHI-X DSE-E4 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 1 1 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020006069      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 7 2 0 9 5 9 9 3 0**Full Name:** SHINGADE TEJAS VILAS**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAMBHAJORA MANE NAGAR HUPARI

**City** HUPARI**PIN Code:** 416203**Email ID:** tejasshingade59@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73467 Psychology-V DSC-D39 Cr. 4

2/4 73468 Psychology-VI DSC-D40 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 1 6 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020004440      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 9 7 5 5 3 3 4 3 4**Full Name:** SHIRKE SIDDHESH RAHUL**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RS NO 1042/F2/1 PLOT NO 83 RAV NO A BALAWADOOT NAGART FULEWADI RING ROAD

**City** KOLHAPUR**PIN Code:** 416010**Email ID:** Shirkesiddhesh88@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4

3/5 75634 ECONOMICS-X DSE-E74 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 0 0 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020958      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 5 3 0 4 9 2 3 4 9**Full Name:** SURVE PRATHAMESH BHIKAJI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ghar no.83, bhairavanath galli, panchgaon

**City** kolhapur**PIN Code:** 416013**Email ID:** prathmeshsurve9444@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 9 8 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023911 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 4 9 2 8 2 9 7 8**Full Name: **SUTAR YASH SHRIKANT**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: PANCHAL

Physical Disability NOT APPLICABLE

Correspondence Address:

UJALAIWADI

City Kolhapur

PIN Code: 416004

Email ID: sutaryash1405@mail.cam

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM IV), SEM V), SEM VI)

Subject Details :

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73468 Psychology-VI DSC-D40 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS-XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:

Date:

Student's Signature (Please sign strictly  
in the box shown below)Principal's Signature & Seal (Please sign  
in the box shown below)Specimen  
Signature:



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 9 9 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013240      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 5 9 2 4 0 3 4 7**Full Name:** TALEKAR RUSHIKESH KRUSHNAT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL GALLI UNCHGOAN

**City** KOLHAPUR**PIN Code:** 416005**Email ID:** campusnet7177@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4

3/5 75532 ENGLISH-VIII DSE-E12 Cr. 4

3/5 75533 ENGLISH-IX DSE-E13 Cr. 4

3/5 75534 ENGLISH-X DSE-E14 Cr. 4

3/5 75535 ENGLISH-XI DSE-E15 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 4 2 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020010807      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 1 6 8 3 6 5 6 9 2**Full Name: **TATKARE ANKUSH RAMCHANDRA**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Male

Religion: HINDU

Cast: GAVALI

Physical Disability NOT APPLICABLE

Correspondence Address:

RAJE SAMBHAJI COLONY RAJOPADHYAYE NAGAR KOLHAPUR

City MALAN

PIN Code: 415724

Email ID: ankushtatkare1@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 75702 English (Compulsory) AECC 6 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 4 9 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020010815      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 8 0 6 1 8 4 2 8 0**Full Name:** TAYADE JAYA KANIFNATH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** Buddhist**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KARWARDART

**City** KOLHAPUR**PIN Code:** 444503**Email ID:** jayatayade@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 5 1 7 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020033083      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 1 2 2 9 3 6 6 2**Full Name:** TEWARE PRATIK MANOJ**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** BURUD**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1239 'E' WARD , BAGAL CHOWK KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** Tewarepratik2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 5 0 5 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021063619      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 2 8 4 6 4 0 8 9 0****Full Name:** **THOMBARE ROHIT DEEPAK****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** BHOI**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KAGAL**PIN Code:****Email ID:** rohitthombare5490@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/3 73336 Logic (T) (Traditional) Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4

3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 5 4 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021047522      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 0 7 0 7 2 1 8 8**Full Name:** VADD VISHAL SHIVAJI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

Om Ganesh Lane Gadmudshingi

**City** kolhapur**PIN Code:** 416119**Email ID:** vaishilvadd8@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 9 0 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013525      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 2 1 9 2 3 1 7 3 4**Full Name:** YADAV ANIKET VISHWAS**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHH, SHIVAJI MAHARAJ CHOWK MAGDUM GALLI GADMUDSHINGI KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** Aniketyadav3107@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75531 ENGLISH-VII DSE-E11 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 8 6 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023680      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 8 2 2 0 6 2 9 2 0**Full Name:** YADAV OMKAR RAVINDRA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

shivaji naga rkolhapur

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** omka78@gmail.comkedar42d**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 2 4 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020592      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 2 4 9 4 2 5 4 6 6**Full Name:** YEDEKAR ABHISHEK POPAT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** PISHWAR1994@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73377 Political Science -IV DSC-D8 Cr. 4 | 2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4 | 3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4 | 3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4 | 3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4 | 3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 3 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044236      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 8 4 7 7 5 9 5 3 6**Full Name:** ! CHAVAN DURGA DATTATRAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

GIRGAON

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** DURGACHAVAN1920@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 2 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037245      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 8 5 7 8 4 2 2 8 5**Full Name:** ! CHOUGALE VAISHNAVI SAGAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANGALVAR PETH KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** chougalevaishnavi001@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 1 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019000600      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 0 5 5 1 9 5 0 0 5**Full Name:** ! DINDE SUPRIYA SARJERAO**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

POWAR COLONY VRUTVRUKSH COLONY

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** supriyadinde8080@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 1 8 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020552      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 2 4 9 5 8 8 7 4 1**Full Name:** ! GHOTANE SAYALI RAHUL**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** HINDU**Cast:** KHATIK**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** SAYALIGHATAN36@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM III), SEM IV), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 3 1 5 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2019002118 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 4 4 7 5 2 3 3 7 6**Full Name:** ! JAGDALE SHABDASHRI SUDHAKAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

906 C WORD, RAVIVARPETH, KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** shabdashrijagdale3376@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4 | 3/5 75546 GEOGRAPHY-VII DSE-E106 Cr. 4

3/5 75547 GEOGRAPHY-VIII DSE-E107 Cr. 4 | 3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4 | 3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4 | 3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4 | 3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 1 7 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020462      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 7 5 7 5 9 5 5 5**Full Name:** ! JAMADAR MISBAH RAFIK**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** MUSLIM      **Cast:** MUSLIM      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

2924 B WARD BIJALI CHOUK JAWAHAR KOLHAPUR KARVEER

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 8 8 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021027910      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 8 9 0 5 1 6 5 8 9**Full Name:** ! KAMBLE SWATI AJIT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AP - TAMGAON TEL - KARVEER DIST - KOLHAPUR

**City** Kolhapur**PIN Code:** 416234**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 1 2 9 9 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021037387      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 7 8 8 6 4 2 3 7 3**Full Name:** ! KAWALE GOURI UMESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** HINDU      **Cast:** MAHAR      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

RAJARAMPURI KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** gouravkavale@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 75533 ENGLISH-IX DSE-E13 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (English)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 2 5 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (English) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021020486      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 7 6 4 2 2 6 4 3 5**Full Name:** ! KAZI FARIN SHABBIR**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** MUSLIM      **Cast:** MUSLIM      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

KATYAYANI PARK KALAMBE

**City** KOLHAPUR**PIN Code:** 416007**Email ID:** frinkazi27@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75731 ENGLISH-XII DSE-E136 Cr. 4

3/6 75732 ENGLISH-XIII DSE-E137 Cr. 4

3/6 75733 ENGLISH-XIV DSE-E138 Cr. 4

3/6 75734 ENGLISH-XV DSE-E139 Cr. 4

3/6 75735 ENGLISH-XVI DSE-E140 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Sociology)**  
Examination, March-2024



To,

Form No. : **4 3 1 2 9 5 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Sociology) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021036976      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 7 6 7 9 9 6 8 0 0**Full Name:** ! KHABALE RUTUJA SANJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

NERLI

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** rutujakhabale@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4

2/3 73380 Psychology- III DSC-D11 Cr. 4

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75611 SOCIOLOGY-VII DSE-E66 Cr. 4

3/5 75612 SOCIOLOGY-VIII DSE-E67 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75711 SOCIOLOGY-XII DSE-E191 Cr. 4

3/6 75712 SOCIOLOGY-XIII DSE-E192 Cr. 4

3/6 75713 SOCIOLOGY-XIV DSE-E193 Cr. 4

3/6 75714 SOCIOLOGY-XV DSE-E194 Cr. 4

3/6 75715 SOCIOLOGY-XVI DSE-E195 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 4 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044560      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 1 4 6 3 1 9 3 3 6**Full Name:** ! KHARAT GOURI KIRAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female      **Religion:** HINDU      **Cast:** CHAMBHAR      **Physical Disability** NOT APPLICABLE**Correspondence Address:**

SUBHASH NAGAR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** GOURIKHARAT@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			





**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 0 9 6 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021023731      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 7 6 4 7 5 5 9 5 8****Full Name:** **! KHOT RUTUJA RUPESH****Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

KOLHAPURa

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73459 Sociolgy-V DSC-D31 Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 7 4 2 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043603      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 9 6 7 8 4 5 4 5**Full Name:** ! NALAWADE PALLAVI BABASO**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TAMGAON

**City** KOLHAPUR**PIN Code:** 416234**Email ID:** PALLAVINALAWADE12@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



# SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 4 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021036926      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 0 1 0 8 4 1 2 1 2**Full Name:** ! PATIL ADITI SANJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

SAMBHAJI NAGAR KOLHAPURa

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** aditipatil@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM III), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4 | 3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75548 GEOGRAPHY-IX DSE-E108 Cr. 4 | 3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4 | 3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4 | 3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 4 0 3 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2020013530      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 5 8 9 0 5 9 8 5**Full Name:** ! PATIL SNEHAL PANDURANG**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 30 MARATHA COLNY PANCHGAON KOLHOPUR

**City** KOLHAPUR**PIN Code:** 416013**Email ID:** patilambika39@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

( Uni.Fee. 0)

**SEM VI)****Subject Details :**

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 1 1 0 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021027408      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 6 6 9 5 7 0 1 6 0**Full Name:** ! POWAR PRANALI SAJJAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416007**Email ID:** pranalipowar86@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM III), SEM IV), SEM V), SEM VI)****Subject Details :**

2/3 73323 English Compulsory- AECC 3 Cr. 4 | 2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73468 Psychology-VI DSC-D40 Cr. 4 | 3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75631 ECONOMICS-VII DSE-E71 Cr. 4 | 3/5 75632 ECONOMICS-VIII DSE-E72 Cr. 4

3/5 75633 ECONOMICS-IX DSE-E73 Cr. 4 | 3/5 75634 ECONOMICS-X DSE-E74 Cr. 4

3/5 75635 ECONOMICS-XI DSE-E75 Cr. 4 | 3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4 | 3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4 | 3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 1 2 8 0 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021024785      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 8 8 1 6 7 8 4 8 0**Full Name:** ! POWAR RUTUJA SUBHASH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** kiranmulik094@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75751 HINDI-XII DSE-E131 Cr. 4

3/6 75752 HINDI-XIII DSE-E132 Cr. 4

3/6 75753 HINDI-XIV DSE-E133 Cr. 4

3/6 75754 HINDI-XV DSE-E134 Cr. 4

3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Marathi)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 4 5 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021019396 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 7 3 0 9 8 4 3 1 7**Full Name:** ! SHINDE AKNANKSHA ANANDA**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

PLOT NO 7, S.T.KAMGAR HOUSING SOCIETY, RAJARMAPURI 13 LINE

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** anandashinde1977@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75771 MARATHI-XII DSE-E126 Cr. 4

3/6 75772 MARATHI-XIII DSE-E127 Cr. 4

3/6 75773 MARATHI-XIV DSE-E128 Cr. 4

3/6 75774 MARATHI-XV DSE-E129 Cr. 4

3/6 75775 MARATHI-XVI DSE-E130 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 0 9 4 3 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044240      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 3 9 7 8 3 8 3 1 8**Full Name:** ! SWAMI SADHANA PALLANI**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

JAWAHAR NAGAR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** SADHANASWAMI3@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			





## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Geography)**  
Examination, March-2024



To,

Form No. : **4 3 0 8 9 7 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Geography) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044543      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** **9 5 4 5 1 1 3 3 0 8****Full Name:** **! VIJAYANAGARE PUJARI DIVYA AVINASH****Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UDYAM NAGAR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** DIVYAVIJAYNAGRE@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75746 GEOGRAPHY-X DSE-E231 Cr. 4

3/6 75747 GEOGRAPHY-XI DSE-E232 Cr. 4

3/6 75748 GEOGRAPHY-XII DSE-E233 Cr. 4

3/6 75749 GEOGRAPHY-XIII DSE-E234 (Practical) Cr. 4

3/6 75750 GEOGRAPHY-XIV DSE-E235 (Practical) Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



## SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.A.(CBCS) PART 3 SEM 6 (Economics)**  
Examination, March-2024



To,

Form No. : **4 3 1 3 0 2 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Economics) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021027758 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 6 8 9 9 7 4 2 9 9**Full Name: **! WADAR `UJWALA RAMU**

Write Name in Devanagari (Marathi): \_\_\_\_\_

Gender: Female

Religion: HINDU

Cast: VADAR

Physical Disability NOT APPLICABLE

Correspondence Address:

705 A WARD SARNAIK COLONY SHIVAJI PETH

City KOLHAPUR

PIN Code: 416012

Email ID: aabc@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73410 English Compulsory (AECC-4) Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/6 75831 ECONOMICS-XII DSE-E196 Cr. 4

3/6 75832 ECONOMICS-XIII DSE-E197 Cr. 4

3/6 75833 ECONOMICS-XIV DSE-E198 Cr. 4

3/6 75834 ECONOMICS- XV DSE-E199 Cr. 4

3/6 75835 ECONOMICS-XVI DSE-E200 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 1 4 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021043672      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 0 3 8 6 6 9 1 5 1**Full Name:** ! WAGHMARE GAYATRI SHANTILAL**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female      **Religion:** HINDU      **Cast:** MAHAR      **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

RAJENDRA NAGAR

**City** KOLHAPUR**PIN Code:** 416008**Email ID:** GAYATRIWAGHMARE2004@GMAIL.COM**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73410 English Compulsory (AECC-4) Cr. 4

2/4 73423 Logic-T-II Cr. 4

3/5 75502 English (Compulsory) AECC 5 Cr. 4

3/5 75556 HISTORY-VII DSE-E61 Cr. 4

3/5 75557 HISTORY-VIII DSE-E62 Cr. 4

3/5 75558 HISTORY-IX DSE-E63 Cr. 4

3/5 75559 HISTORY-X DSE-E64 Cr. 4

3/6 75702 English (Compulsory) AECC 6 Cr. 4

3/6 75756 HISTORY-XII DSE-E186 Cr. 4

3/6 75757 HISTORY-XIII DSE-E187 Cr. 4

3/6 75758 HISTORY-XIV DSE-E188 Cr. 4

3/6 75759 HISTORY-XV DSE-E189 Cr. 4

3/6 75760 HISTORY-XVI DSE-E190 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

**Place:****Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



**SHIVAJI UNIVERSITY, KOLHAPUR**  
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Hindi)**  
Examination, March-2024



To,

Form No. : **4 3 1 4 3 4 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in March-2024 for the papers mentioned below.

**PRN:** 2021044569      **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 6 2 4 0 4 6 2 9 7**Full Name:** ! YADAV ANITA SALIKRAM**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female      **Religion:** HINDU      **Cast:** Maratha      **Physical Disability** NOT APPLICABLE**Correspondence Address:****City**      **PIN Code:**      **Email ID:** YADAV26ANITA@GMAIL.COM**Study Center:** N.A.**Fees Details:**      **Total Fee ₹:** 0      (Uni.Fee. 0)  
**SEM V), SEM VI)****Subject Details :**

3/5 75502 English (Compulsory) AECC 5 Cr. 4	3/5 75553 HINDI-IX DSE-E8 Cr. 4
3/6 75702 English (Compulsory) AECC 6 Cr. 4	3/6 75751 HINDI-XII DSE-E131 Cr. 4
3/6 75752 HINDI-XIII DSE-E132 Cr. 4	3/6 75753 HINDI-XIV DSE-E133 Cr. 4
3/6 75754 HINDI-XV DSE-E134 Cr. 4	3/6 75755 HINDI-XVI DSE-E135 Cr. 4

**Optional Subjects:**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
<b>Specimen Signature:</b>			