



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021417 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 3 7 8 9 6 3 8 2 5**Full Name: **ADAKE SIDDHANT SANTOSH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: JAIN

Cast: PANCHAL

Physical Disability NOT APPLICABLE

Correspondence Address:

597/3 B WARD

City KOLHAPUR

PIN Code: 416007

Email ID: siddhantadake431@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73525 Money and Financial System Paper-II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) Paper I Cr. 2 | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 7 5 6 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021420 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 3 0 9 7 7 0 6 0 0**Full Name: **APATE ANIKET ARVIND**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: BHOI

Physical Disability NOT APPLICABLE

Correspondence Address:

2400 d ward shukravar peth kolhapur

City KOLHAPUR

PIN Code: 416002

Email ID: aniketapate24@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

Optional Subjects:

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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025141 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 0 4 2 3 4 2 7**Full Name:** APATE TEJAS SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** BHOI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHUKRWAR PETH

City KOLHAPUR**PIN Code:** 416002**Email ID:** tejasapate76@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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:			



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Application Form for **B.Com (CBCS) 3 Sem VI**
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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025074 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 9 0 9 4 1 2 1 2**Full Name:** BADDE NILESH SHARAD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANGUR

City KOLHAPUR**PIN Code:** 591215**Email ID:** nileshbadde@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

Optional Subjects:

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 8 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019525 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 3 0 3 0 1 2 2 3**Full Name:** BAGWAN SAKIB SHAKIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAHARANA PRATAP CHOWK

City KOLHAPUR**PIN Code:** 416002**Email ID:** sakibbagwan1223@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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:			



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Form No. : **4 3 5 7 4 3 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021444 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 0 3 8 8 2 9 5 3 8**Full Name: **BANSODE KUNAL KRUSHNA**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

RAJENDRA NAGAR KOLHAPUR

City KOLHAPUR

PIN Code: 416008

Email ID: bansodekunal@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.

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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021446 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 4 1 1 0 7 3 6 9 2**Full Name: **BEDEKAR TEJAS RAJU**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

SHIROLI PULACHI

City KOLHAPUR

PIN Code: 416122

Email ID: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

Optional Subjects:

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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021435 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 1 1 2 4 2 3 2 6**Full Name:** BENADIKAR HRUTVIK RAJESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MADHAV NAGAR KANERI KARVEER KOLHAPUR

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

(Uni.Fee. 0)

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

2/3 73510 Business Statistics Paper-I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

Optional Subjects:

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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020041253 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 8 2 0 0 2 5 0**Full Name:** BHOJKAR PRATHAMESH SHASHIKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HATKALANGE

City KOLHAPUR**PIN Code:** 416236**Email ID:** Prathameshbhojkar21@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.

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Specimen Signature:			



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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019532 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 1 1 6 1 5 9 8 3**Full Name:** BILLE MANTHAN MANOJ**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHANTI NAGAR

City KOLHAPUR**PIN Code:** 416013**Email ID:** manthanbille@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

Optional Subjects:

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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025065 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 7 8 6 1 3 2 1 5**Full Name:** BODEKAR GIRISH DINESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR YALLAMMA MANDIR

City KOLHAPUR**PIN Code:** 416205**Email ID:** rushikeshbodekar007@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.

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Specimen Signature:			



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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025064 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 9 9 7 4 7 3 2 3**Full Name:** BORGAVKAR SAIRAJ VINOD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SONAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DATTA COLONY SAMBHAJI NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** sairajborgavkar1010@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

Optional Subjects:

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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021496 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 0 8 0 6 7 5 3 0 5**Full Name: **CHALVANDI RITESH BHIMAPPA**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

108/ E KOLHAPUR

City KOLHAPUR

PIN Code: 416008

Email ID: rituchalwardi@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73525 Money and Financial System Paper-II Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

Optional Subjects:

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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:



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Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021499 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 0 9 7 4 1 9 1 7**Full Name:** CHANNE VAISHNAV GANPAT**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:** vaishnavchanne89@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

Optional Subjects:

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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:**



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To,

Form No. : **4 3 5 8 2 2 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021503 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 8 0 3 0 1 9 4 9**Full Name:** CHAVAN AASHISH SOMNATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019465 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 9 9 7 0 5 2 7 4**Full Name:** CHAVAN ABHISHEK SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHAHUNAGAR DATTA GALLI

City KOLHAPUR**PIN Code:** 416008**Email ID:** abhishekchvan9188@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 6 4 5 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021501 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 5 7 3 8 1 8 6 5**Full Name:** CHAVAN AKASH AMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

870 B WARD MALI GALLI RAVIVAR PETH KOLHAPUR

City KOLHAPUR**PIN Code:** 416001**Email ID:** akshaychavan032002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 1 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023817 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 0 5 2 6 0 3 7 5**Full Name:** CHOUGALE AMOL SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SANKPAL GALLI KOGIL KHURD KARVEER KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** amolchougale19@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023819 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 3 9 1 8 6 5**Full Name:** CHOUGALE OMKAR TUKARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GURAV GALLI GOKUL SHIRGAON KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** omkya28@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023841 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 9 8 7 8 5 9 7 4**Full Name:** CHOUGALE VISHAL SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ADUR CHOUGLE GALLI KARVEER

City KOLHAPUR**PIN Code:** 416205**Email ID:** vishalchougale813@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73524 Business Statistics Paper-II Cr. 2

2/4 73525 Money and Financial System Paper-II Cr. 2

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019002155 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 7 2 1 9 6 9 7**Full Name:** CHOUGULE SOURABH SADASHIV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

INGALI KOLHAPUR

City KOLHAPUR**PIN Code:** 416202**Email ID:** RT@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 80242 Modern Management Practices Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025068 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 7 0 7 7 6 2 9 0****Full Name:** **CHOUGULE SURAJ BALASO****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

LAXMI COLONY

City KOLHAPUR**PIN Code:** 416004**Email ID:** chougulesuraj650@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. _____

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 8 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025152 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 4 9 1 7 0 5 0 0**Full Name:** DANGAR JAHIR SHABBIR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** jahirdangar11@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 8 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019442 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 7 8 7 3 9 1 9 7**Full Name:** DANGE SHUBHAM PANDURANG**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MENON COLONY

City KOLHAPUR**PIN Code:** 416004**Email ID:** sdange993@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 4 4 7 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021063620 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 6 6 6 9 9 5 0 5 1**Full Name: **DATE SIDDESH DEEPAK**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: GAVALI

Physical Disability NOT APPLICABLE

Correspondence Address:

City KOLHAPUR

PIN Code:

Email ID: siddeshdate365@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM V), SEM VI)

Subject Details :

2/3 73510 Business Statistics Paper-I Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023858 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 0 8 0 0 5 0 1 4 0**Full Name: **DAVARI SANKET KRISHNAT**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: GOSAVI

Physical Disability NOT APPLICABLE

Correspondence Address:

PLOT NO.691 B WARD MANGALWAR PETH KOLHAPUR

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 VI)

Subject Details :

2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 6 7 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021034213 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 1 1 8 9 0 5 4 3**Full Name:** DESAI RUTURAJ DASHRATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AP- KOLHAPUR

City Kolhapur**PIN Code:** 416205**Email ID:** ruturajdesai77@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023867 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 2 6 7 4 7 4**Full Name:** DESAI VINAYAK SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR AMIT MIIL SANGAWADE KARVEER

City KOLHAPUR**PIN Code:** 416202**Email ID:** vinayakdesai2101@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 73510 Business Statistics Paper-I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 1 9 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025144 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NEMADE COLONY

City KOLHAPUR**PIN Code:** 416005**Email ID:** aniketdeshmukh@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80250 Industrial Management Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80280 Industrial Management (Production Management) P: _____

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019490

College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 7 9 6 7 9 7 0 6 1**Full Name: **DEVADKAR DEVENDRA DIGAMBAR**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

SALOKHE PARK

City KOLHAPUR

PIN Code: 416012

Email ID: devendradevadkar@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 2 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020057715 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 3 0 5 1 9 4 7 4**Full Name:** DHANAWADE YOGESH PANDURANG**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AT POST UNCHGOAN

City KOLHAPUR**PIN Code:** 416005**Email ID:** yogeshdhanawade@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 7 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025106 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 2 1 4 3 6 8 4 0**Full Name: **DODKE RAHUL DEEPAK**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

SHOBHA NAGAR

City KOLHAPUR

PIN Code: 416122

Email ID: rahuldodake8999@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023917 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 2 0 0 0 5 9 5 8**Full Name:** DOLARE OMKAR RANJIT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1618 PLOT NO.16/8 DINDE NAGAR PACHAGAON R K NAGAR KARVEER

City KOLHAPUR**PIN Code:** 416013**Email ID:** dolareomkar2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 8 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019528 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 0 2 4 3 6 1**Full Name:** DOUDAMANI AKASH PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UJALAIWADI

City KOLHAPUR**PIN Code:** 416004**Email ID:** akashdoudamani2499@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80272 Modern Management Practices Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 4 5 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023919 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 8 2 3 1 0 1 3 6 6**Full Name: **FARADE NAVNATH PIRAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

1173 E WARD TEMBALI NAKA

City KOLHAPUR

PIN Code: 416008

Email ID: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2	3/5 80241 Business Regulatory Framework Paper I Cr. 2
3/5 80242 Modern Management Practices Paper I Cr. 2	3/5 80243 Co-operative Development Paper I Cr. 2
3/5 80246 Advanced Costing Paper I Cr. 2	3/5 80247 Advanced Costing Paper II Cr. 2
3/6 80276 Advanced Costing (Methods of Cost Accounting) Pap	3/6 80277 Advanced Costing (Costing Techniques) Paper IV Cr.
3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.	3/6 80271 Business Regulatory Framework Paper II Cr. 2
3/6 80272 Modern Management Practices Paper II Cr. 2	3/6 80273 Co-operative Development Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 5 9 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023929 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 3 0 3 6 5 2 6 4**Full Name:** GAVADE AISHWARYA SIDDARTH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2821 B WARD MANGALWAR PETH

City KOLHAPUR**PIN Code:** 416012**Email ID:** ABC@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 73507 Corporate Accounting Paper-I Cr. 2

2/4 73521 Corporate Accounting Paper-II Cr. 2

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 6 3 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023930 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 3 4 0 7 0 0 2**Full Name:** GAVADE SAMEER ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI

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

(Uni.Fee. 0)

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

2/4 73524 Business Statistics Paper-II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) Paper III Cr. 2 | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 4 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020057985 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 3 4 1 6 6 4 1**Full Name:** GHATAGE SOURABH SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

INCHANALE GALLI VANDOOR

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

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023937 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 4 1 0 9 3 4 5 8**Full Name:** GHATAGE SUMIT SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAGDUM COLONY

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

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 0 1 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019385 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 4 9 0 1 8 2 5 9**Full Name:** GHOGALE PRATHAMESH PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMRUT NAGAR

City KOLHAPUR**PIN Code:** 416004**Email ID:** prathameshghogale@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023944 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 2 0 9 2 8 8 2 9**Full Name:** GUNDAP OMKAR TUKARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANERI KARVEER KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** omkargundap8625@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023946 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 3 7 3 2 4 2 5 2 7**Full Name: **GURAV HEMANT PRASHANT**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: GURAV

Physical Disability NOT APPLICABLE

Correspondence Address:

JAGTAP NAGAR PACHGAON

City KOLHAPUR

PIN Code: 416007

Email ID: hemantgurav3204@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 8 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019515 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 0 2 8 5 2 7 8 3 8**Full Name: **HAREL ANURAG RAJARAM**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

RAIGAD COLONY

City KOLHAPUR

PIN Code: 416007

Email ID: harelanurag10@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 1 4 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023947 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 3 8 5 4 9 0 2 2 6**Full Name: **HARIJWALE OMKAR DHANAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

PLOT NO.104

MHADA COLONY RADHANAGARI ROAD

City KOLHAPUR

PIN Code: 416234

Email ID: omkarharijwale@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM V), SEM VI)

Subject Details :

2/3 73510 Business Statistics Paper-I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003748 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 2 7 6 8 5 2 3**Full Name:** HATGINE POOJA VISHVAS**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A P MALI GALLI KAGAL

City KAGAL**PIN Code:** 416216**Email ID:** poojahatgine96@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/6 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 9 3 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020041239 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 0 9 7 8 5 8 1**Full Name:** INGALE NILESH NIVANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VANDUR

City KOLHAPUR**PIN Code:** 416216**Email ID:** nileshingale5157@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019539 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 4 9 4 9 0 1 5 2**Full Name:** INGALE SHUBHAM SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HERLE

City KOLHAPUR**PIN Code:** 416005**Email ID:** shubhamingale@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019382 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 0 9 5 1 5 6**Full Name:** JADHAV ABHISHEK SHASHIKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAHUNAGAR MILIND HIGH SCHOOL

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025289 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 8 4 8 0 7 8 6 6**Full Name:** JADHAV ADITYA ONIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1921 T P SCHEME NO.2 FINAL PLOT NO.27 RANKALA TOWER KOLHAPUR

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

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 9 0 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025306 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 6 7 7 8 4 8 2**Full Name:** JADHAV OMKAR PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATTANKODOLI

City PATTANKODOLI**PIN Code:** 416202**Email ID:** omkarjadhav04343@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025329 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 5 5 7 3 1 0 3**Full Name:** JADHAV SOURABH BAJARANG**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ALATWADI PATTAN KODOLI HATKANANGLE KOLHAPUR

City KOLHAPUR**PIN Code:** 416202**Email ID:** sourabhjadhav@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019432 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 6 7 0 9 2 7 2 7**Full Name:** JADHAV SOURABH NARAYAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GULMOHAR COLONY

City KOLHAPUR**PIN Code:** 416013**Email ID:** sourabhjadhav2727@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 1 9 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019430 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 7 4 5 8 0 2 1 7 0**Full Name: **JAMADAR SAAD SHAHAJAHAN**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MUSLIM

Physical Disability NOT APPLICABLE

Correspondence Address:

SAMATA COLONY

City KOLHAPUR

PIN Code: 416005

Email ID: saadjamadar@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025154 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 2 0 0 0 4 7 8 7**Full Name:** JAMADAR SHAHARUKH SHOUKAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** shaharukhj11@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 2 4 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025331 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 7 7 2 4 4 1 1**Full Name:** JAMADAR SOHEL SHOUKAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GHATAGE MALA KAGAL

City Kolhapur**PIN Code:** 416216**Email ID:** soheljamadar206@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025122 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 9 7 2 9 2 0 2 3 2**Full Name:** JAMBHALE AMAN ANANDA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIKSHAK GOLONY

City KOLHAPUR**PIN Code:** 416013**Email ID:** amanjambhale02@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 80241 Business Regulatory Framework Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025334 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 9 5 8 1 8 1 3**Full Name:** JASUD HARSH SUJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2752 D WARD

City KOLHAPUR**PIN Code:** 416002**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 3 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025337 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 4 9 1 6 2 6 6 0**Full Name:** JOSHI PRANAV CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** BRAHMIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHOUGALE GALLI PATTAN KODOLI HATKANANGALE

City KOLHAPUR**PIN Code:** 416202**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 73524 Business Statistics Paper-II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

Optional Subjects:

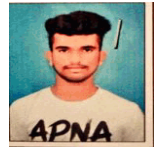
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



APNA

To,

Form No. : **4 3 5 8 6 8 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025345 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 9 6 5 7 9 9 6 0 2 8

Full Name: KADAM ADITYA AMAR

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

935 SUBHASH CHOWK KARVEER KOLHAPUR

City KOLHAPUR

PIN Code: 416216

Email ID: adityakadamap@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019404 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 9 9 3 8 5 8 0 8**Full Name:** KADAM AMOL SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHINDE WADI

City KOLHAPUR**PIN Code:** 416205**Email ID:** amolkadam@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 2 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020057714 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 9 8 4 4 0 5 1 7 4**Full Name:** KAJAVE MANTHAN KUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

688 VITTHAL CHOWK HUPARI

City KOLHAPUR**PIN Code:** 416203**Email ID:** manthkumar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 80245 Advanced Accountancy - Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 5 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019449 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 9 2 8 5 0 6 3 0 2**Full Name:** KAKADE SHUBHAM MAHESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SHIMPI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SANGAR GALLI

City KOLHAPUR**PIN Code:** 416012**Email ID:** kakadeshubham03@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 4 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025107 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 8 1 0 9 7 5 8 3**Full Name:** KALE PRATIK JAGANNATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SWAMI SAMARTH MANDIR

City KOLHAPUR**PIN Code:** 416013**Email ID:** pratikkale1814@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 7 8 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003249 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 7 5 9 5 7 2 0 1**Full Name: **KALUGADE JAYDIP BABURAO**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

A P PETH GALLI VANDUR

City KAGAL

PIN Code: 416216

Email ID: Jaydipkalugade999@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM V), SEM VI)

Subject Details :

2/3 73510 Business Statistics Paper-I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025360 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 0 0 0 0 0 0 0 0 0 0**Full Name:** KAMALAKAR RITESH RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BHADOLE SOCIETY PARISAR

City HATKANANGALE**PIN Code:** 416112**Email ID:** ritekamlakar01@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025117 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 6 1 7 7 2 1**Full Name:** KAMATE EKNATH NAMDEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD GOKHLE COLLEGE CHOWK

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

(Uni.Fee. 0)

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

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 8 0 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025363 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 1 7 2 1 8 3 5 4 4**Full Name: **KAMBLE ABHIJEET SUKUMAR**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

SAMTA NAGAR NAGAON HATKANANGALE KOLHAPUR

City KOLHAPUR

PIN Code: 416122

Email ID: abhijeetkamble492@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019537 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 5 1 7 8 7 7 4**Full Name:** KAMBLE KUNAL DIPAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHINDE COLONY

City KOLHAPUR**PIN Code:** 413507**Email ID:** ajinkyakamble174@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 7 5 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025370 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 6 2 8 3 7 4**Full Name:** KAMBLE PRATIK SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMBEDKAR NAGAR NAGAON HATKANANGALE

City KOLHAPUR**PIN Code:** 416122**Email ID:** aabc@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 73510 Business Statistics Paper-I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 0 6 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025067 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 4 2 1 2 6 8 0 7 5**Full Name: **KAMBLE RAJ SHIVAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

MASOBA MALAWADI

City KOLHAPUR

PIN Code: 416234

Email ID: rajkamble@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 8 5 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019540 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 4 9 8 6 6 1 9 6 1**Full Name: **KAMBLE SANDESH ASHOK**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

DOULATNAGAR

City KOLHAPUR

PIN Code: 416008

Email ID: gk038501@gamil.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 3 8 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025121 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 1 1 0 1 0 4 2 3**Full Name:** KAMBLE SHUBHAM DILIP**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HARIJAN WADA

City KOLHAPUR**PIN Code:** 416202**Email ID:** ezeenetcafe@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 6 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020009600 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 3 4 2 2 0 8 0**Full Name:** KAMBLE SIDDHESH BHAGWAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANDLIK VASAHAAT

City KOLHAPUR**PIN Code:** 416012**Email ID:** sidheshkamble9373422080@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025378 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 8 8 9 8 8 6 6 7**Full Name:** KAMBLE SUMIT SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANDALGAON KARVEER KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** sumitkamble120360@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/6 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 5 8 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020030485 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 0 1 6 0 4 4 3**Full Name:** KAMBLE TEJAS MAHADEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UJLAIWADI

City KOLHAPUR**PIN Code:** 416005**Email ID:** tejaskamble667@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025387 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 6 3 9 1 6 3 9**Full Name:** KANKEKAR NAVNATH ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** WANI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

981 A WARD KALKAI GALLI

City KOLHAPUR**PIN Code:** 416012**Email ID:** navnathkankekar9@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 6 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019399

College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 7 6 7 3 6 6 1 9 0**Full Name: **KARVE SHRIHARI PRAKASH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

JAWAHAR NAGAR Y P POWAR NAGAR

City KOLHAPUR

PIN Code: 416012

Email ID: shriharikarve@gamil.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 4 9 5 6 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2018012595 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 6 3 7 6 8 4 6 2 7**Full Name: **KATALE YASH KAMALAKAR**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

RAJENDRA NAGAR

City KOLHAPUR

PIN Code: 416008

Email ID: Me@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80274 Advanced Accountancy Paper III Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021034263 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 5 0 0 0 5 1**Full Name:** KATRUT HARSH UDAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AP- KADAMWADI

City Kolhapur**PIN Code:** 416205**Email ID:** harshkatrut@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73524 Business Statistics Paper-II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80250 Industrial Management Paper I Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025390 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 6 9 3 4 1 5 1 5**Full Name:** KAZI SAKIB ALLAUDDIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHOBHA NAGAR PRIMARY SCHOOL PULACHI SHIROLI HATKANANGALE

City KOLHAPUR**PIN Code:** 416122**Email ID:** sakibkazi60@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 0 5 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025147 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 1 8 0 0 4 9**Full Name:** KELKAR PRATIK KEDAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** BRAHMIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DATT NAGAR

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

(Uni.Fee. 0)

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

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 7 5 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019458 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 5 0 3 3 2 4 4 6 4**Full Name: **KHERADE RUSHIKESH SANJAY**

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: rushikeshkherade1246@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 6 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025399 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 4 4 7 3 0 4 4 6 8**Full Name: **KHETAL OMKAR TANAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: GAVALI

Physical Disability NOT APPLICABLE

Correspondence Address:

650 A WARD VETAL TALIM MANDAL SHIVAJI PETH

City KOLHAPUR

PIN Code: 416012

Email ID: khetalomkar7424@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025406 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 8 8 9 2 5 2 3 1**Full Name:** KHOT ROHIT RUPESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 73510 Business Statistics Paper-I Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019003111 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 0 2 8 2 7 0 0 5 2**Full Name: **KHOT SIDDHESH SAMBHAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

693/6 B WARD , KOLHAPUR

City KOLHAPUR

PIN Code: 416012

Email ID: SW@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025407 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 6 6 6 3 9 7 4 8 4**Full Name: **KHOT SWAPNIL DHONDIRAM**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Lingayat

Physical Disability NOT APPLICABLE

Correspondence Address:

676 A WARD SHIVAJI PETH

City KOLHAPUR

PIN Code: 416012

Email ID: swapnilkhot2019@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 6 7 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025640 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 2 1 2 1 7 6 7 0**Full Name:** KOKANE HUSAIN SHAHABUDDIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KASAI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

748 jama masjid javal rasal bol road tasgaon mdg tasgaon

City sangli**PIN Code:** 416312**Email ID:** HUSENKOKANE07@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019052653 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 8 6 0 5 0 8 8 1 5**Full Name: **KOLHAL RAKESH DASHRATH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

864 H 29 PRATHMESH NAGAR KALAMBA KOLHAPUR

City KOLHAPUR

PIN Code: 416012

Email ID: RT@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 3 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030539 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 6 7 9 6 1 4 1 3**Full Name:** KOPAREKAR ARPAN ARUN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2183 SHANTI NAGAR PACHAGAON KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**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 73521 Corporate Accounting Paper-II Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 1 6 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030526 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 3 7 0 5 5 4 3 5 1**Full Name: **KOPATKAR RAJVARDHAN DAYANAND**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

MAHALAXMI NAGAR KANERIWADI KARVEER KOLHAPUR

City KOLHAPUR

PIN Code: 416234

Email ID: rajvardhankoptkar@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 73507 Corporate Accounting Paper-I Cr. 2	2/3 73508 Macro Economics Paper-I Cr. 2
2/3 73509 Fundamentals of Entrepreneurship Paper -I Cr. 2	2/4 73521 Corporate Accounting Paper-II Cr. 2
3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2	3/5 80241 Business Regulatory Framework Paper I Cr. 2
3/5 80242 Modern Management Practices Paper I Cr. 2	3/5 80243 Co-operative Development Paper I Cr. 2
3/5 80250 Industrial Management Paper I Cr. 2	3/5 80251 Industrial Management Paper II Cr. 2
3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.	3/6 80271 Business Regulatory Framework Paper II Cr. 2
3/6 80272 Modern Management Practices Paper II Cr. 2	3/6 80273 Co-operative Development Paper II Cr. 2
3/6 80280 Industrial Management (Production Management) P:	3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019045392 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 2 9 3 7 2 1 3 1**Full Name:** KOTMIRE ATHARVA SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KHATIK**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MUKTA SAINIK VASAHA KATE MALA

City KOLHAPUR**PIN Code:** 416003**Email ID:** Rajkop17@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032189 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 6 8 5 3 8 5 4 5**Full Name:** KUKADOLI AMOL PUNDALIK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HOUSE NO.718 UCHAGAON KARVEER KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** amolkukadoli999@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 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.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030465 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 6 5 7 6 3 4 1 4 1**Full Name: **KULKARNI AGRAJ RAVINDRA**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

PLOT NO.4 SHRIGAVKAR COLONY SANE GURUJI VASAHAAT KOLHAPUR

City KOLHAPUR

PIN Code: 416012

Email ID: agrajkulkarni4141@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032751 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 3 0 6 3 0 2 5 2**Full Name:** KUMBHAR ROHAN MAHESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHAHUPURI 8 TH LANE

City KOLHAPUR**PIN Code:** 416001**Email ID:** ROHANKUMBHAR276@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 8 5 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019419 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 4 5 4 4 9 8 6 6**Full Name:** KUMBHAR SANDESH VISHWAS**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MHADA COLONY

City KOLHAPUR**PIN Code:** 416004**Email ID:** sandeshkumbhar9145449866@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 80241 Business Regulatory Framework Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019455 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 8 3 0 1 2 3 2 3**Full Name:** KUMBHAR SIDDHESH VISHWANATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A WARD KUMBHAR GALLI

City KOLHAPUR**PIN Code:** 416012**Email ID:** kumbharsiddhesh4444@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 4 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020057983

College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 2 2 1 2 6 2 5 0**Full Name: **KURANE ABHISHEK MAHADEV**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

kurane wada girgaon

City kolhapur

PIN Code: 416013

Email ID: abhishekkurane@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019413 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 6 7 8 5 4 0 6 2**Full Name:** KURANE RUSHIKESH ANANDA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAMARTH NAGAR

City KOLHAPUR**PIN Code:** 416005**Email ID:** rushikurne3112@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 3 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019518 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 8 5 8 8 0 8 2 5**Full Name:** LABDE OM AJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JARAG NAGAR ROAD

City KOLHAPUR**PIN Code:** 416007**Email ID:** omlabde64@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019464 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 0 8 1 4 0 2 0 8**Full Name:** LOKHANDE ADITYA ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR NGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** adityalokande311@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 8 4 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019415 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 7 8 9 3 7 7 5 3**Full Name:** MADHALE ANIKET PARSHURAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VITTHALAI COLONY

City KOLHAPUR**PIN Code:** 416005**Email ID:** aniketmadhale822@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 7 6 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003234 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 1 8 2 1 1 2 8**Full Name:** MAGADUM RITESH RAJARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A P PIMPLGAON

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

(Uni.Fee. 0)

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

2/4 73524 Business Statistics Paper-II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 7 2 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032229 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 0 2 0 8 5 2 0 3 7**Full Name: **MAGDUM YOGESH ASHOK**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

NERLI

City KOLHAPUR

PIN Code: 416234

Email ID: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025120 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 5 6 0 8 0 7 7 8**Full Name:** MAJAGE ABHISHEK ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHIKHALI

City KOLHAPUR**PIN Code:** 416005**Email ID:** abhimajage1256@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 5 7 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020030450 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 5 2 0 9 9 8 7**Full Name:** MAJAGE ABHISHEK DHONDIRAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NERLI

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

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 1 7 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021010508 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 1 1 3 8 2 4 0 2 7**Full Name: **MALI PRASHANT SHIVAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Lingayat

Physical Disability NOT APPLICABLE

Correspondence Address:

City NIPPANI

PIN Code:

Email ID: prashantmali8747@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 5 7 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032769 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 2 6 4 4 3 8 3**Full Name:** MANCHARKAR PRAVIN LAXMAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI GALLI KALAMBA ROAD KOLHAPUR

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

(Uni.Fee. 0)

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

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 5 6 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032767 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 9 9 9 6 4 9 4 2 7**Full Name: **MANCHARKAR VAIBHAV VISHNU**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

SAMBHAJI GALLI KALMBA ROAD

City KOLHAPUR

PIN Code: 416007

Email ID: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003241 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 1 4 6 9 2 0 9 5 0**Full Name: **MANE DIPAK VITTHAL**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: CHAMBHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

A P SIDDHANERLI

City KAGAL

PIN Code: 416216

Email ID: deepakmane920950@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 8 8 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031924 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 4 2 1 8 7 9**Full Name:** MANE SOURABH CHANDRAKANT**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:** sourabhmane264@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025127 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 0 9 5 9 7 8 8**Full Name:** MANGALE VIPUL SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIROLI

City KOLHAPUR**PIN Code:** 416122**Email ID:** vipulmangale51@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 3 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020057802 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 1 9 1 6 9 5 1 4**Full Name:** MHAKAVE SWAPNIL BABAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

10 Mhakave gavali nerli

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

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032241 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 8 6 0 1 6 8 8 9 5**Full Name: **MHAKAVE VINAYAK SAMBHAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

City

PIN Code:

Email ID: vinayakmhakave9@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 5 8 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020030478 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 3 9 4 6 5 0 5**Full Name:** MIRAJE MAYURI PANDURANG**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:** mayurimiraje@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 8 6 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025013 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 3 2 3 5 4 3 0**Full Name:** MOHITE SHIVRAJ VILASRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2314/15 E WARD

City KOLHAPUR**PIN Code:** 416012**Email ID:** shivrajmohite335@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032587 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 3 7 2 6 0 3 0**Full Name:** MOMIN MUSTAKIM FAIJULLA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHAHUPURI

City KOLHAPUR**PIN Code:** 416001**Email ID:** MUSTAKIMMOMIN464@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 1 7 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030528 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 4 2 1 3 8 3 6 7 4**Full Name: **MORBALE SWAPNIL SATAPPA**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

CHAVAN GALLI NKOJIL KHURD GIRGAON KOLHAPUR

City KOLHAPUR

PIN Code: 416013

Email ID: swapnilmorbale99@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019393 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 0 8 0 2 5 6 0**Full Name:** MORE ABHIJEET VIJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MORE GALLI KANERIWADI

City KOLHAPUR**PIN Code:** 416023**Email ID:** abhijeetmore@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 80244 Advanced Accountancy - Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 7 8 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032249 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 3 1 7 3 7 1**Full Name:** MORE GURUDEV KAKASAHEB**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD GHAR NO.38 SUBHASH NAGAR KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** gurudevmore221@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 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.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030464 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 0 2 8 5 5 1 6 2 9**Full Name: **MORE RITESH RAJARAM**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

BEHIND HUNAMAN TALIM MOREWADI KOLHAPUR

City KOLHAPUR

PIN Code: 416013

Email ID: riteshmore.5050@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025126 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 1 3 1 3 4 6**Full Name:** MORE VISHAL VILAS**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BHAIRAVNATH TEMPLE

City KOLHAPUR**PIN Code:** 416013**Email ID:** vishalkingmore007@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 2 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030537 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 4 3 4 8 4 1**Full Name:** MOTE OMKAR RAJU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO.173 SWAMI SAMARTH NAGAR KALAMBA KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** moteomkar9@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 0 1 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020047744 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 9 6 7 4 6 5 9 9**Full Name: **MUDGAL ANVAY SUDEEP**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: SALI

Physical Disability NOT APPLICABLE

Correspondence Address:

SHIVAJI UDHYAMNGAR

City KOLHAPUR

PIN Code: 416008

Email ID: anvaymudgal@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019486 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 6 2 4 8 0 4 5 9 6**Full Name: **MUDHALE BALAJI KISAN**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: DHANGAR

Physical Disability NOT APPLICABLE

Correspondence Address:

HUPRI

City KOLHAPUR

PIN Code: 416203

Email ID: mudhalebalaji@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 9 5 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025115 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 6 2 6 9 2 0 7**Full Name:** MUDUGADE PRATIK GOVINDA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

REDEKAR GALLI

City KOLHAPUR**PIN Code:** 416005**Email ID:** pratikmukugad@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019031861 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 6 8 2 7 6 2 4 7**Full Name:** MUJAWAR ARBAJ NABILAL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DESAI GALLI KAGAL

City KAGAL**PIN Code:** 416216**Email ID:** bcomstudent@2019.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030453 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 1 9 8 0 1 0 8**Full Name:** MUJAWAR SAJID JAVED**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

31/1 SAMRAT COLONY VIKRAM NAGAR KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** sajidmujawar2025@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 2 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025138 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 7 9 4 3 9 3 3 2**Full Name:** MULLA ARSHAD ABDULMAJID**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHAHU PARK

City KOLHAPUR**PIN Code:** 416004**Email ID:** mullaarshad613@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 5 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025123 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 2 0 7 2 5 3**Full Name:** NAIKWADE YUSUF BADSHAHA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJENDR NAGAR KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** ynaikwade5@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 4 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019424 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 6 6 8 7 2 2 8**Full Name:** NARAGUND SACHIN BASAVRAJ**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

12th LANE

City KOLHAPUR**PIN Code:** 416012**Email ID:** sachinnargund110@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 0 6 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020036513 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 7 6 8 7 9 0 3 3**Full Name:** NAYKWADI AFTAB ABDUL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAGAL

City KAGAL**PIN Code:** 416216**Email ID:** drmbcomstudent@2020.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 4 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019501 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 5 3 6 8 8 8 3**Full Name:** NIGADE DHAIRYASHIL DHANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIRPATIRAO PATIL NAGAR

City KOLHAPUR**PIN Code:** 416010**Email ID:** nigadedhairy@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 1 7 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025077 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 0 9 1 9 0 1 0**Full Name:** NIKAM PRATHMESH PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HUPRI

City KOLHAPUR**PIN Code:** 416203**Email ID:** prathmeshnikam96@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73520 English for Business Communication Paper-IV Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 3 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019470 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 5 6 9 2 1 9 9 5**Full Name:** PASARE RITESH RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RUMALE MAL PACHGAON

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

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 7 2 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030570 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 5 2 5 4 7 1 7**Full Name:** PATEL MOHAMMED JUNAID NAJIR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MOREWADI PLOT NO 10 BHOSALE NAGAR

City KOLHAPUR**PIN Code:** 416013**Email ID:** junaid7862149@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 8 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030553 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 8 8 9 2 7 9**Full Name:** PATHARUT RITESH RAJU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD PADALKAVASAHAT KOLHAPUR

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

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019508 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 0 7 0 3 6 3 7 4**Full Name:** PATIL ABHISHEK RAJU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR OM SAI KIRANA STORE

City KOLHAPUR**PIN Code:** 416008**Email ID:** abhishepatil67623@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 8 6 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003790 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 2 3 5 4 8 1 5 5**Full Name:** PATIL ABHISHEK RAVSAHEB**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A P KOGOL BUDRUK

City KARVEER**PIN Code:** 416234**Email ID:** Pabhi5423@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 2 9 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019471 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 8 2 9 2 0 8 2**Full Name:** PATIL ADITYA SANDEEP**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PTIL GALLI

City KOLHAPUR**PIN Code:** 416005**Email ID:** ap198997@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80272 Modern Management Practices Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003805 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 8 8 9 3 9 2 9 5**Full Name:** PATIL ADITYA SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A P KENA VADE

City KAGAL**PIN Code:** 416216**Email ID:** AdityaPatil4153@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025135 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 1 7 7 9 7 6 0 9 2**Full Name:** PATIL ADITYA SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YADAV NAGAR

City KOLHAPUR**PIN Code:** 416234**Email ID:** adityapatil050@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 1 7 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025096 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 2 7 8 2 7 9 0**Full Name:** PATIL ANIKET ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATTAN KADOLI

City KOLHAPUR**PIN Code:** 416202**Email ID:** anpatil9501@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

Optional Subjects:

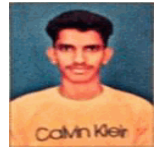
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030585 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 6 5 8 8 0 2 3 1**Full Name:** PATIL GAURAV JAYSING**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAWANT COLONY SHIROLI PULACHI HATKANANGALE

City KOLHAPUR**PIN Code:** 416122**Email ID:** gauravpatil087@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032245 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 4 1 0 0 6 9 2 0**Full Name:** PATIL GAUTAM SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

14 LANE RAJARAMPURI KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** patilgautam98@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 8 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019389 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 9 5 3 2 5 2 3**Full Name:** PATIL HARSHAD YUVRAJ**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

14 TH LANE

City KOLHAPUR**PIN Code:** 416008**Email ID:** hp7634113@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032472 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 3 0 4 3 5 7 8 9**Full Name:** PATIL HARSHVARDHAN VISHNU**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:** HARSHVARDHANPATIL810@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 4 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019513 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 2 3 3 1 4 7 2**Full Name:** PATIL PRANAVRAJ CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MHALUNGE

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

(Uni.Fee. 0)

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

2/4 73528 Environmental Studies Cr. 0 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020017961 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 5 7 6 7 5 1**Full Name:** PATIL PRANIL PRASHANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR JUNA KALAMBA NAKA, SAI MANDIR JAVAL, KALAMBA, KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** varadnet2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 5 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019503 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 3 7 2 9 3 8 9 6**Full Name:** PATIL PRATHAMESH GORAKHNATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KUDITRE

City KOLHAPUR**PIN Code:** 416204**Email ID:** prathmeshpatil9995@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80272 Modern Management Practices Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 7 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025095 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 6 1 9 9 8 0 7 9**Full Name:** PATIL RITESH MOHAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAHIPATRAO BONDRE NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** rityapatil2@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 4 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025129 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 9 4 7 9 6 4 4**Full Name:** PATIL RUSHIKESH BAJIRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISPURLI

City KOLHAPUR**PIN Code:** 416207**Email ID:** rp0825739@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 8 6 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019481 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 9 8 6 0 9 6 4 6**Full Name:** PATIL SANKET AMBAJI**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:** sanketpatil@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031888 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 0 5 8 5 4 8 1 3 0**Full Name: **PATIL SANKET GAJANAN**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

BHOKAR GALLI KANERI KARVEER

City KOLHAPUR

PIN Code: 416234

Email ID: ---

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003252 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 3 1 7 9 5 7**Full Name:** PATIL SANKET SATISH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A P VADNUR

City KAGAL**PIN Code:** 416216**Email ID:** sanketspatil2017@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 1 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020056349 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 3 6 1 6 8 6**Full Name:** PATIL SARTHAK SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAMADAR COLONY

City KOLHAPUR**PIN Code:** 416012**Email ID:** sarthakspatil2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 2 5 5 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032844 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 4 2 1 0 5 9 4 6 0**Full Name: **PATIL SHIVTEJ PRADIP**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

City KOLHAPUR

PIN Code:

Email ID: PATILSHIVTEJ007@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 6 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019459 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 5 5 8 1 3 6 9 0**Full Name:** PATIL SHREYASH SARJERAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL NAGAR

City KOLHAPUR**PIN Code:** 416234**Email ID:** shreyashp419@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 7 2 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032233 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 3 8 7 4 0 7 2 7 1**Full Name: **PATIL SHRITEJ KRUSHNAT**

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: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73520 English for Business Communication Paper-IV Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032710 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 8 5 0 6 9 2 3 2 3**Full Name: **PATIL SHUBHAM JEEVAN**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

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 V), SEM VI)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019504 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 5 0 3 4 1 3 3 6 6**Full Name: **PATIL SOURABH SUNIL**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

TAMGAON

City KOLHAPUR

PIN Code: 416234

Email ID: sourabhpatil1347@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 7 8 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032614 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 4 4 7 2 4 1**Full Name:** PATIL SWARUP KAKASO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

LOHAR GALLI UCHAGAON KARVEER

City KOLHAPUR**PIN Code:** 416005**Email ID:** swarppatil7241@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 1 7 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030531 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 0 7 4 9 2 2 9 2**Full Name:** PATIL VAISHNAV MALOJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SWARAJYA GALLI KANERI KARVEER

City KOLHAPUR**PIN Code:** 416234**Email ID:** vaishnavpatil6362@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 9 5 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031789 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 5 7 7 8 2 8 3**Full Name:** PATIL VARUN DATTATRAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

782/30 B WARD

City KOLHAPUR**PIN Code:** 216013**Email ID:** ABC@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 73510 Business Statistics Paper-I Cr. 2

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019542 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 5 6 6 5 9 8 2**Full Name:** PATIL VIRAJ SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GIRGAON MAALWADI

City KOLHAPUR**PIN Code:** 416207**Email ID:** virajpatil351@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 1 9 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025062 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 0 0 2 2 6 6**Full Name:** PATIL VIVEK BHIMRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAIVIHAR APPARTMENT B WARD

City KOLHAPUR**PIN Code:** 416012**Email ID:** vp112008@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032171 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 3 2 2 2 5 8 0 3 3**Full Name: **PATIL VIVEK SHAMRAO**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

KODE BUDRAK GAGANBAWADA KOLHAPUR

City KOLHAPUR

PIN Code: 416206

Email ID: vicekpatil7599@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031797 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 7 0 9 2 0 6 2 9 9**Full Name: **PATIL VIVEK VIJAY**

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: vivekvijaypatil@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020070926 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 4 9 0 4 8 7 7 0**Full Name:** PATIL YASH RAVINDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GAVALI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ganapati mandir plot no 47 sai prasad colony rajopadhe nagar karvir

City kolhapur**PIN Code:** 416012**Email ID:** yashpatil8770@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 9 5 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019426 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 0 0 0 0 0 0 0 0 0 0**Full Name:** PATIL YASH SARJERAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOGIL

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

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 7 5 7 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021057696 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 6 1 8 0 8 6 8 8**Full Name:** PATIL YASH SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P- TALGAON, TAL- RADHANAGARI, DIST- KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** yashpatil227@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 6 0 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030559 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 2 2 8 7 3 0 2 0**Full Name:** PATIL YASH UMESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1330/24 SHASTRI NAGAR

City KOLHAPUR**PIN Code:** 416008**Email ID:** ABC@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 73511 Money and Financial System Paper-I Cr. 2 | 2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020066556 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 8 8 7 3 7 3 4 9**Full Name:** PATOLE VINIT RAVINDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

54 E ward patolewadi gur market yard kolhapur

City kolhapur**PIN Code:** 416005**Email ID:** vinitpatole@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031736 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 3 7 9 8 3 8 7 4 6**Full Name: **PINTO REMO GEORGE**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: Christian

Cast: KUNBI

Physical Disability NOT APPLICABLE

Correspondence Address:

UJLAIWADI

City KOLHAPUR

PIN Code: 416004

Email ID: remopinto458@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 5 8 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020030448 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 4 4 0 9 9 1 2 8**Full Name:** POL RUTURAJ SHASHIKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHOR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD JAVAHAR NAGAR

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

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 0 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030535 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 7 9 7 1 6 4 8 8**Full Name:** POWAR AMEY ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

EKTA NAGAR ANANT ROTO KAGAL KOLHAPUR

City KOLHAPUR**PIN Code:** 416216**Email ID:** powaramey209@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030598 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 2 3 4 5 5 0 1**Full Name:** POWAR ASHITOSH ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEW VADADE

City KOLHAPUR**PIN Code:** 416119**Email ID:** ashitoshpowar612@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025100 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 8 5 2 3 2 0 0**Full Name:** POWAR HARSH SHIVAJIRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SATHMARI GALLI

City KOLHAPUR**PIN Code:** 416012**Email ID:** harshpowar1805@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032175 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 8 5 2 2 6 2 7**Full Name:** POWAR ROHAN VIJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VINAYAK B-9 PRIYADASHNI COLONY

City KOLHAPUR**PIN Code:** 416005**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 4 9 6 9 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019003100 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 6 2 0 7 7 8 0 8 1**Full Name: **POWAR SWAPNIL ASHOK**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: VADAR

Physical Disability NOT APPLICABLE

Correspondence Address:

RAJARAMPURI, KOLHAPUR

City KOLHAPUR

PIN Code: 416234

Email ID: SW@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80280 Industrial Management (Production Management) P: _____

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025149 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 9 6 2 3 7 1 2 3**Full Name:** POWAR YOGIRAJ DILIP**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GHISADI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAGAL

City KOLHAPUR**PIN Code:** 416216**Email ID:** yogirajpowar@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031753 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 9 0 0 1 0 1 7**Full Name:** PRAJAPATI PRADYUMKUMAR BHULLANRAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) Paper III Cr. 2 | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030486 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 3 0 3 0 3 3 6 4**Full Name:** RAGHU KIRAN DATTATRAYA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MALI GALLI KAGAL

City KAGAL**PIN Code:** 416216**Email ID:** kiranraghu2727@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 4 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025140 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 8 6 0 8 1 7 0 0 2**Full Name: **RAJPUT OMKAR RANJIT**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

GANESH COLONY

City KOLHAPUR

PIN Code: 416005

Email ID: omkarrajput@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 9 2 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032368 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 5 4 2 6 0 5 0**Full Name:** RANDIVE SAMMED AMOL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** JAIN**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO.87 JAVAHAR ROAD AMBAI NAGAR HUPARI HATKANANGALE

City KOLHAPUR**PIN Code:** 416200**Email ID:** randivesammed@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 9 8 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021024960 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 7 6 1 7 1 5 0 9**Full Name: **RAVAL VAIBHAV NAVNATH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: RAMOSI

Physical Disability NOT APPLICABLE

Correspondence Address:

5615 E WARD

City KOLHAPUR

PIN Code: 416012

Email ID: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 5 8 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020030487 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 0 3 4 1 1 0**Full Name:** RAVAL ANIKET MAHESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HALASAWADE

City KOLHAPUR**PIN Code:** 416202**Email ID:** aniketraval@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032707 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 2 0 1 6 6 5 2 7**Full Name:** RAYAMANE SHUBHAM JYOTIBA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

kalamba

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 6 1 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032168 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 6 4 9 3 3 0 3 2**Full Name:** REDEKAR SAIRAJ VINOD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2695 D WARD GAVANDI MOHALLA JUNA BUDHWAR PETH KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** sairajredekar7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032758 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 7 9 5 9 4 1 4 4**Full Name:** SADOLE SAURABH RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAIN BASTI JAVAL SANGAVADE KARVEER

City KOLHAPUR**PIN Code:** 416202**Email ID:** daurabhsadole553@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 3 2 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025082 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 0 6 9 0 8 3 0 6**Full Name:** SAH AJITKUMAR SRIKISHAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PANDIT PATIL MAL

City KOLHAPUR**PIN Code:** 416234**Email ID:** ajitsah939@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 7 8 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032602 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 6 4 7 5 7 6**Full Name:** SALOKHE KUNAL KRUSHANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJPUT GALLI UTTRESHWAR PETH KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** kunalsalokhe007@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032181 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 8 8 9 0 0 1 1**Full Name:** SALOKHE PRATHAMESH SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KALAMBA TARF THANE MALWADI KARVEER KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** prathameshsalokhe009@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 4 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030540 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 3 0 7 3 7 6 6 5**Full Name:** SALOKHE SHUBHAM MARUTI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GIRGAON KARVEER

City KOLHAPUR**PIN Code:** 416013**Email ID:** shubhamsms5092@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73524 Business Statistics Paper-II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 6 4 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020030457 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 8 5 6 9 1 0 0**Full Name:** SALOKHE VAISHNAVI MARUTI**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:** Vaishnavisalokhe55@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 7 6 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032739 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **3 9 5 9 6 5 4 6 0 7****Full Name:** **SALUNKE SUDARSHAN DHARMRAJ****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1461/1 ASHOK NAGAR UCHAGAON KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** aabc@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 2 5 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032515 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 9 5 8 5 3 8 1 8**Full Name:** SALUNKHE MALAY RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 19B KOLHAPUR

City Kolhapur**PIN Code:** 416012**Email ID:** salunkhemalay@gmail.com123**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 73510 Business Statistics Paper-I Cr. 2 | 2/4 73520 English for Business Communication Paper-IV Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 4 9 5 2 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2018018697 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 4 4 7 4 8 3 0 0 9**Full Name: **SALUNKHE SOURABH BHARAT**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

At Post Bhimapurwadi

City Nipani

PIN Code: 591219

Email ID: SOURABHSALUNKHE017@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 8 6 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025151 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 3 9 0 0 1 5 6 9 2**Full Name: **SAMUDRE YASH SURESH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

KINI

City KOLHAPUR

PIN Code: 416112

Email ID: yashsamudre@gamil.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 6 5 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020032519 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 5 2 7 2 9 0 9 0**Full Name:** SANDGULE MAYURESH GANESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2785 C WARD, DHISAL GALLI

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021007620 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 6 3 0 2 1 1 9 7**Full Name:** SANKAPAL ROHAN RAMCHANDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HANCHINAL

City HANCHINAL**PIN Code:** 591229**Email ID:** rohansankapal99@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 4 9 5 9 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2018021418 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 8 8 7 9 4 4 0 8**Full Name:** SANKPAL DIGAMBAR NARAYAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NAGAON

City KOLHAPUR**PIN Code:** 416207**Email ID:** digambarsankapal2320@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 7 5 9 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030509 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 9 7 5 7 8 3 2 1 4**Full Name: **SANKPAL KAUSHAL NITIN**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: NHAVI

Physical Disability NOT APPLICABLE

Correspondence Address:

1964 E WARD RAJARAMPURI 10 LANE NEAR PATANE HIGH SCHOOL KOLHAPUR

City KOLHAPUR

PIN Code: 416008

Email ID: kaushalsankpal12@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 6 9 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030569 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 2 2 9 3 9 3 2 7**Full Name:** SANKPAL VIRAJ SUSHIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

790/34 B WARD YOGESHWARI COLONY PACHAGAON ROAD KALAMBA KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** virajsankapal23@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030572 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 6 9 5 6 6 3**Full Name:** SANKPAL VIVEK CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMBABAI TEMPLE ROAD KANDALGAON ROAD KARVEER

City KOLHAPUR**PIN Code:** 416013**Email ID:** sankapalvivek32@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

3/6 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 5 8 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031769 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 8 5 8 9 8 3**Full Name:** SAPKAL APURV SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RING ROAD

City KOLHAPUR**PIN Code:** 416007**Email ID:** apurvsapk16@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 0 9 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032486 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 5 9 0 3 0 2 9**Full Name:** SATPUTE OMKAR ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** OMKARSATPUTE777SGI@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030588 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 3 8 7 3 9 6 7 7 1**Full Name: **SAWANT SAURABH MADHUKAR**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

1734 A WARD LAD CHOWK SHIVAJI PETH KARVEER KOLHAPUR

City KOLHAPUR

PIN Code: 416012

Email ID: sawantsaurabh932@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM V), SEM VI)

Subject Details :

2/3 73510 Business Statistics Paper-I Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 4 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019484 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 3 7 0 5 3 1 0 6 4**Full Name: **SAWANT SHIVRAJ PANDHRINATH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

BALASAHEB INGAELE NAGAR

City KOLHAPUR

PIN Code: 416010

Email ID: shivrajsawant1112@gamil.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 4 9 5 3 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2018012562 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 4 1 9 7 9 0**Full Name:** SHAHA PRATIK VIRKUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GOKUL SHIRGAON

City KOLHAPUR**PIN Code:** 416000**Email ID:** shahapratik9790@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 2 5 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030444 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 1 2 8 5 6 6 2 0**Full Name:** SHAIKH AARMAN IKBAL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HUNKAR COLONY MANER MALA

City Kolhapur**PIN Code:** 416005**Email ID:** shaikaarman874@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 73507 Corporate Accounting Paper-I Cr. 2

2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2018021441 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 8 7 6 2 6 6 2**Full Name:** SHAIKH ADIL MUBARAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI

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

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 4 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019491 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 1 4 9 6 6 9 3 8 4**Full Name: **SHAIKH SAHIL RAJAN**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MUSLIM

Physical Disability NOT APPLICABLE

Correspondence Address:

NEHARU NAGAR ROAD ISOLATION HOSPITAL PARISHAR JAWAL

City KOLHAPUR

PIN Code: 416012

Email ID: shaikhkingshail@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 3 8 5 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021043409 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 5 8 3 5 5 0 4**Full Name:** SHAIKH SHAHAJAD RIYAJ**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** ISLAM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** shahajadshaikh3535@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 73507 Corporate Accounting Paper-I Cr. 2

2/3 73511 Money and Financial System Paper-I Cr. 2

2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2

2/4 73525 Money and Financial System Paper-II Cr. 2

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025160 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 5 0 5 8 3 4 9**Full Name:** SHAIKH USMAN MUNNA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

J R COLONY

City KOLHAPUR**PIN Code:** 416004**Email ID:** usmanshaikh6992@gamil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73524 Business Statistics Paper-II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 4 6 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031877 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 1 1 1 5 7 5 2 2**Full Name:** SHANEDIWAN AMAN SIKANDAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MALGOND PATIL NAGAR

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

(Uni.Fee. 0)

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

2/4 73521 Corporate Accounting Paper-II Cr. 2

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) Paper III Cr. 2

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 1 8 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030534 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 2 2 6 7 4 3 4 5**Full Name:** SHARMA NILESH SURYAPAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SUTAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1382 E WARD RAJARAMPURI 13 LANE KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** n52556784@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 4 9 6 9 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019003621 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 8 4 7 7 2 8 2 3 2**Full Name: **SHIKALGAR NIRAJ SHAKIR**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MUSLIM

Physical Disability NOT APPLICABLE

Correspondence Address:

MANERMAL UCHGAON

City KOLHAPUR

PIN Code: 416005

Email ID: nirajshikalgar423@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80274 Advanced Accountancy Paper III Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 3 0 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019391 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 5 9 7 5 3 7 7**Full Name:** SHIKHARE RAHUL MOTIRAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SALOKHE PARK BHARAT NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** shikharerahul38@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 4 9 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032804 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 9 1 4 6 5 3 0**Full Name:** SHINDE AKASH SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UNCHGOAN

City KOLHAPUR**PIN Code:** 416005**Email ID:** shindeakash1178@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2018021431 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 5 8 9 6 6 2 5**Full Name:** SHINDE KEDAR RAJU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI PETH

City KOLHAPUR**PIN Code:** 416008**Email ID:** Me@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 73507 Corporate Accounting Paper-I Cr. 2 | 2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 8 6 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030587 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 2 7 6 0 8 8 3 8 3**Full Name: **SHINDE OM AVINASH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

PLOT NO.16 ANGANWADI ROAD UJALAIWADI SHIVAJI UNIVERSITY KOLHAPUR

City KOLHAPUR

PIN Code: 416013

Email ID: omshinde@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM V), SEM VI)

Subject Details :

2/3 73510 Business Statistics Paper-I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 4 9 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032801 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 2 1 9 1 2 0 2 4 9**Full Name: **SHINDE PRATHAMESH RAJARAM**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

kolhapur

City kolhapur

PIN Code: 416008

Email ID: prathameshshinde2203@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 6 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019509 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 3 5 2 7 5 4 6**Full Name:** SHINDE SAHIL SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HANUMAN NAGAR

City KOLHAPUR**PIN Code:** 416004**Email ID:** shindedipak69262@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 8 7 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019462 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 8 3 0 5 0 7 9 3**Full Name:** SHINDE SATISH DADASO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SANGAVDE WADI

City KOLHAPUR**PIN Code:** 416202**Email ID:** satishshinde0507@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019003630 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 8 3 4 6 0 0 4 7 3**Full Name: **SHINDE SHUBHAM JAYSING**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: MAHAR

Physical Disability NOT APPLICABLE

Correspondence Address:

26/198 E WARD

City KOLHAPUR

PIN Code: 416008

Email ID: shubhamshende37212@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019401 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 2 7 0 3 4 7**Full Name:** SHINDE VAIBHAV YASHWANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DESAI COLONY

City KOLHAPUR**PIN Code:** 416005**Email ID:** vaibhavshinde@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 3 2 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020066347 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 6 6 1 0 9 7 8 7**Full Name:** SHINDE VEDANT DILIP**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** PARIT**Physical Disability** NOT APPLICABLE**Correspondence Address:**

960 PACHGAON RAOD DESAI COLONY NEAR MATOSHRI VRUDDHASHRAM PANCHGAON R K NAGAR
KOLHAPUR

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

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 4 2 5 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003262 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 3 7 8 3 5 7 1 6**Full Name:** SHINGE ABHISHEK NAMDEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A P SULKUD

City KAGAL**PIN Code:** 416216**Email ID:** drmbcom2021@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 1 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020056347 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 2 9 4 7 7 0 8 1**Full Name:** SHUKLA RAJAT SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80272 Modern Management Practices Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 8 8 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032336 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 8 8 7 6 8 5**Full Name:** SONULE VINOD ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

159/1 OXYGEN PARK SHEJARI RAJENDRA NAGAR ZOPADPATTI RAJARAMPURI KARVEER KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** vinodsonule1133@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 73510 Business Statistics Paper-I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 5 0 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032811 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 2 7 4 7 8 1**Full Name:** SUTAR YASH SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SUTAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI PETH KOLAPUR

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

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2	3/5 80241 Business Regulatory Framework Paper I Cr. 2
3/5 80242 Modern Management Practices Paper I Cr. 2	3/5 80243 Co-operative Development Paper I Cr. 2
3/5 80244 Advanced Accountancy - Paper I Cr. 2	3/5 80245 Advanced Accountancy - Paper II Cr. 2
3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.	3/6 80271 Business Regulatory Framework Paper II Cr. 2
3/6 80272 Modern Management Practices Paper II Cr. 2	3/6 80273 Co-operative Development Paper II Cr. 2
3/6 80274 Advanced Accountancy Paper III Cr. 2	3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 7 5 7 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030501 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 8 0 4 6 3 4 2 0**Full Name:** SUTAR ADITYA ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SUTAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SUBHASH CHOWK SARNOBATWADI

City KOLHAPUR**PIN Code:** 416004**Email ID:** adityasutar693@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 7 5 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032737 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 2 4 9 6 4 3 3 8 8**Full Name: **SUTAR GANESH BABAN**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: SUTAR

Physical Disability NOT APPLICABLE

Correspondence Address:

SECOND LANE RAJARAMPURI KOLHAPUR

City KOLHAPUR

PIN Code: 416008

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 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032404 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 1 2 1 3 2 3 6 7**Full Name:** SUTAR KARTIK ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** PANCHAL**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI 2ND LANE

City KOLHAPUR**PIN Code:** 416008**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) Pa

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 1 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020056351 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 5 7 4 5 0 9 0**Full Name:** TAMBOLI JAHURAHMAD JAFAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SERNAIK VASHAT

City KOLHAPUR**PIN Code:** 416012**Email ID:** masiratamboli5@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 5 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019439 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 7 5 4 4 5 6 5 6**Full Name: **TELAKE ABHISHEK GANPTI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

TELADE GALLI

City KOLHAPUR

PIN Code: 416001

Email ID: abhishektelake@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 2 9 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019403 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 3 2 6 5 5 7 6 7**Full Name:** THORBOLE RUPESH BHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL GALLI

City KOLHAPUR**PIN Code:** 416005**Email ID:** rupyathorbole8989@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 2 9 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030555 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 0 3 8 9 3 9 9 4**Full Name: **TIPUGADE SIDDESH SAGAR**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: NHAVI

Physical Disability NOT APPLICABLE

Correspondence Address:

1843 B WARD MANGALWAR PETH KOLHAPUR

City KOLHAPUR

PIN Code: 416012

Email ID: siddeshtipugade11@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 7 4 7 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030482 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 3 5 0 4 2 1 0 0 9**Full Name: **TIWALE RANJIT SANJAY**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

393 SALOKHE GALLI

City KOLHAPUR

PIN Code: 416012

Email ID: ranjeetivale@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 7 3 1 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030450 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 0 5 3 8 3 2 5**Full Name:** VARUTE PREM KIRAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

juna budhwar kolhapur

City kolhapur**PIN Code:** 416002**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 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 8 7 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032333 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 0 1 0 4 5 9 0 5 2**Full Name: **WAKAREKAR SOURABH SAYAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

SARNOBATWADI SUTAR GALLI SHIVAJI UNIVERSITY KOLHAPUR

City KOLHAPUR

PIN Code: 416004

Email ID: abhishekw.9952@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 4 5 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031860 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 0 5 7 2 6 2 2 3 6**Full Name: **WARE SARANG RAJARAM**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

683 CHOUGALE NERLI

City KOLHAPUR

PIN Code: 416234

Email ID: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 2 7 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020059430

College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 9 7 2 4 7 9 5 1 4**Full Name: **YADAV CHETAN ANIL**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

1182 E WARD TEMBALAI NAKA GHODAKE CHAL KARVEER

City KOLHAPUR

PIN Code: 416008

Email ID: chetanyadav@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019440 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 6 7 7 0 2 2 6**Full Name:** YADAV SUMUKH SUHAS**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** sumukhyadav7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 9 2 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032377 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 7 0 0 8 6 5 7 5 7**Full Name: **YEDAGE OMKAR BABURAO**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: DHANGAR

Physical Disability NOT APPLICABLE

Correspondence Address:

PLOT NO.26 BHOSALE PARK KADAMWADI KARVEER KOLHAPUR

City KOLHAPUR

PIN Code: 416230

Email ID: omkaryedage790@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 4 9 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021428 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 8 5 8 6 3 4 3 1**Full Name:** ! ATTAR AKSA DILAWAR**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

jawahar nagar

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 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 9 3 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020041246 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 5 1 3 9 1 2**Full Name:** ! AWALE SANDHYA NETAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GANDHINAGAR

City KOLHAPUR**PIN Code:** 416008**Email ID:** sandhyaawale68@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 1 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019538 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 8 8 4 4 6 3 6**Full Name:** ! BACHATE DIVYA TANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BHAIRESHWAR

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

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021524 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 8 0 5 9 0 2 6 3 9**Full Name: **! CHAVAN VIDYA ANIL**

Write Name in Devanagari (Marathi): _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

KOLHAPUR

City KOLHAPUR

PIN Code: 416234

Email ID: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0** (Uni.Fee. 0)

SEM III), SEM V), SEM VI)

Subject Details :

2/3 73507 Corporate Accounting Paper-I Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 1 5 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021021530 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 4 7 6 0 5 1**Full Name:** ! CHORAGE VAISHNAVI PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1649 KHAPRE MAL GOKUL SHIRGAON

City KOLHAPUR**PIN Code:** 416234**Email ID:** vaishnavichorage73@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 2 1 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021006551 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 4 9 9 6 8 8 6 3 2**Full Name: **! CHOUGALE MRUNAL NARAYAN**

Write Name in Devanagari (Marathi): _____

Gender: Female **Religion:** HINDU **Cast:** Lingayat **Physical Disability** NOT APPLICABLE

Correspondence Address:

City: Ispurle

PIN Code:

Email ID: mrunal16chougale@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 73510 Business Statistics Paper-I Cr. 2

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023854 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 0 2 2 4 9 2 7**Full Name:** ! DANGAT SIDDHI SARJERAO**Write Name in Devanagari (Marathi):** _____

Gender: Female **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 VI)****Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024

To,		Form No. : 4 3 5 9 6 1 6	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR			
Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.			
PRN: 2021023856		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 9 3 7 3 5 9 0 0 4 3	
Full Name: ! DAVARI DIPALI RAJARAM			
Write Name in Devanagari (Marathi): _____			
Gender: Female	Religion: HINDU	Cast: DAVARI	Physical Disability NOT APPLICABLE
Correspondence Address:			
NERLI			
City KOLHAPUR	PIN Code: 416234	Email ID: dipalidavari899@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0 (Uni.Fee. 0)	
SEM IV), SEM VI)			
Subject Details :			
2/4 73524 Business Statistics Paper-II Cr. 2		3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.	
3/6 80271 Business Regulatory Framework Paper II Cr. 2		3/6 80272 Modern Management Practices Paper II Cr. 2	
3/6 80273 Co-operative Development Paper II Cr. 2		3/6 80280 Industrial Management (Production Management) P:	
3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.			
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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023880 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 2 4 2 7 1 4 2**Full Name:** ! DESHPANDE SAMRUDDHI SANJAY**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** BRAHMIN **Physical Disability:** NOT APPLICABLE

Correspondence Address:

sotali prayag chikhali

City: kolhapur**PIN Code:** 416229**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 3 0 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019443 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 0 5 3 0 4 1**Full Name:** ! GANIBHAI JOYA NASIR**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

E WARD 6 TH LANE DR. SHINDE CHALL

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

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 4 8 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023934 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 5 1 8 9 1 3 9 7**Full Name:** ! GHATAGE MANSI VINOD**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

halasavade

City kolhapur**PIN Code:** 416202**Email ID:** ghatagemansi25@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 2 7 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021023939 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 3 8 7 7 8 7 0 4 9**Full Name: **! GOUD POOJA SARDAR**

Write Name in Devanagari (Marathi): _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

PHANALA PMPALE THANE

City Kolhapur

PIN Code: 416230

Email ID: pgoud2515@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0** (Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 7 5 6 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025286 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 7 6 8 8 9 9 4 0 4**Full Name: **! INGALE RUTUJA ANIL**

Write Name in Devanagari (Marathi): _____

Gender: Female **Religion:** HINDU **Cast:** MAHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

633 H NO.6 B WARD YALLAMA MANDIR SUBHASH NAGAR KOLHAPUR

City KOLHAPUR

PIN Code: 416012

Email ID: rutujaingale1212@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0** (Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025029 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 2 2 3 9 1 1 0 5**Full Name:** ! ISHRAN SUMAN SHANKAR**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

PLOT NO 21 SAI GANESH COLONY

City KOLHAPUR**PIN Code:** 416013**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025298 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 1 1 2 5 5 0**Full Name:** ! JADHAV ANURADHA ARUN**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

kolhapur

City KOLHAPUR**PIN Code:** 416012**Email ID:** jadhavanu1404@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 73510 Business Statistics Paper-I Cr. 2

2/4 73521 Corporate Accounting Paper-II Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 9 1 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025296 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 2 2 7 3 8 9 6**Full Name:** ! JADHAV ANKITA DEEPAK**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

849 B WARD

City KOLHAPUR**PIN Code:** 416002**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025317 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 8 0 0 3 6 9 9 3**Full Name:** ! JADHAV RUTUJA KUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** rj722804@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 6 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025150 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 6 8 2 4 6 1 4 6**Full Name:** ! JADHAV SANCHITA NITIN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI PETH

City KOLHAPUR**PIN Code:** 416012**Email ID:** sanchitajadhav2312@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 8 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019423 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 7 7 1 4 7 1**Full Name:** ! KAMBLE SAKSHI SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANGESHKAR NAGAR MANGALWAR PETH

City KOLHAPUR**PIN Code:** 416012**Email ID:** sakshiskamble27@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025382 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 7 3 5 9 2 6 7 0**Full Name:** ! KAMBLE TEJASHREE DINKAR**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** MAHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

SALOKHE PARK

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2	3/5 80245 Advanced Accountancy - Paper II Cr. 2
3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.	3/6 80271 Business Regulatory Framework Paper II Cr. 2
3/6 80272 Modern Management Practices Paper II Cr. 2	3/6 80273 Co-operative Development Paper II Cr. 2
3/6 80274 Advanced Accountancy Paper III Cr. 2	3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 7 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019434 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 7 9 4 9 0 5 6 7**Full Name:** ! KARANDE SAKSHI UDAY**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability:** NOT APPLICABLE

Correspondence Address:

SANDHYAMATH GALLI SHIVAJI PETH

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 3 0 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019468

College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 5 7 9 8 0 0 3 3 9**Full Name: **! KHAIRMODE REVATI RAJENDRA**

Write Name in Devanagari (Marathi): _____

Gender: Female

Religion: HINDU

Cast: BHOI

Physical Disability NOT APPLICABLE

Correspondence Address:

SSC BORD MAHADA COLONY

City KOLHAPUR

PIN Code: 416008

Email ID: revatikhairmode27@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)

Subject Details :

3/5 80250 Industrial Management Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025391 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 8 7 5 8 2 9 9**Full Name:** ! KHAMBLE SNEHAL BHUJANG**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

BHOGAM COLONY

City KOLHAPUR**PIN Code:** 416013**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 8 4 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021025395 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 9 3 3 7 8 2 5 5**Full Name:** ! KHANVILKAR VAISHANAVI BHIMRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

OPPOSITE PRATIK STORE GOKUL SHIRGAON KARVEER

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

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 2 5 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032520 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 2 9 5 6 2 9 7 9**Full Name:** ! KORAVI PRIYANKA GJAJANAN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

vandur kagal

City kolhapur**PIN Code:** 416216**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 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019519 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 8 8 2 3 5 7 1 7**Full Name:** ! KUMBHAR SWARUPA SHIVAJI**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability:** NOT APPLICABLE

Correspondence Address:

SHIVAJI NAGAR

City: KOLHAPUR**PIN Code:** 416122**Email ID:** Swarupakumbhar9690@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80250 Industrial Management Paper I Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 4 9 7 1 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2019005444 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 6 5 3 2 1 9**Full Name:** ! LOHAR DIKSHA MANOHAR**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PACHGAON

City KOLHAPUR**PIN Code:** 416005**Email ID:** dikshalohar2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 9 6 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031792 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 0 8 9 3 8 2 0 8**Full Name:** ! LOHAR SAKSHI AMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** LOHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UJLAIWADI

City KOLHAPUR**PIN Code:** 416004**Email ID:** loharsakshi69@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031858 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 6 9 0 2 3 3 5**Full Name:** ! LOHAR VAISHNAVI SHARAD**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** LOHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

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

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 5 6 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031762 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 5 5 3 5 8 2 4**Full Name:** ! MAGDUM PRANALI PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIROLI PULACHI

City KOLHAPUR**PIN Code:** 416122**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/6 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031963 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 3 0 5 9 4 5 4 9**Full Name:** ! MANDHARE SAMPADA MOHAN**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** SHIMPI **Physical Disability** NOT APPLICABLE

Correspondence Address:

PLOT NO.48 POWAR COLONY PACHAGAON ROAD KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** vinayakmandare21@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019480 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 6 4 8 6 2 5 4 7**Full Name:** ! MANE PRITI AVINASH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RADHA KRUSHNA MANDIR

City KOLHAPUR**PIN Code:** 416012**Email ID:** pritimane2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032682 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 6 1 8 5 3 4 5 2**Full Name:** ! MORE RAJNANDINI RAJU**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

shivaji peth kolhapur

City Kolhapur**PIN Code:** 416012**Email ID:** morerajnandini11@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM III), SEM VI)****Subject Details :**

2/3 73510 Business Statistics Paper-I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032439 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 0 7 1 6 8 1 1**Full Name:** ! MORE SHREYA POPAT**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

R K NAGAR 93 MAHATEJ

City KOLHAPUR**PIN Code:** 416013**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030604 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 8 9 7 4 2 3 4 7**Full Name:** ! MORE VINAYA HANAMANT**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR SAMBHU APPA MATH PATIL BHAJANI MANDAP ISLAMPUR TAL-WALWA SANGALI

City SANGLI**PIN Code:** 415409**Email ID:** vinu.hmore@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 6 5 9**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019414 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 5 9 4 3 4 3 8**Full Name:** ! MULLA FAIJA ASLAM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** mullafajja6@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 8 1 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030581 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 4 1 8 1 2 9 4 0**Full Name:** ! NALAWADE SHREYA NANDKUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** BHOI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2386 B WARD MANGALWAR PETH KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** shreyanalwade003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032178 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 6 7 3 8 6 7 6**Full Name:** ! NIKAM SAKSHI NANDKUMAR**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

KAGAL SIDDHANERLI

City KOLHAPUR**PIN Code:** 416232**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM III), SEM V), SEM VI)****Subject Details :**

2/3 73507 Corporate Accounting Paper-I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032670 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 0 9 9 9 6 0 0**Full Name:** ! PALKAR SIDDHIKA UMESH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

rajarampuri kolhapur

City kolhapur**PIN Code:** 416008**Email ID:** suddhikapalkar4@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80244 Advanced Accountancy - Paper I Cr. 2	3/5 80245 Advanced Accountancy - Paper II Cr. 2
3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.	3/6 80271 Business Regulatory Framework Paper II Cr. 2
3/6 80272 Modern Management Practices Paper II Cr. 2	3/6 80273 Co-operative Development Paper II Cr. 2
3/6 80274 Advanced Accountancy Paper III Cr. 2	3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 7 5 6 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030497 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 8 2 5 1 3 2 8**Full Name:** ! PANTOJI SONIYA SHANKA R**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1218 C WARD LAXMIPURI BHOYI GALLI KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** soniyapantoji644@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 9 1 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032356 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 2 8 8 3 0 5 1 3**Full Name: **! PATIL ARATI RAJARAM**

Write Name in Devanagari (Marathi): _____

Gender: Female

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

SHIV GANGA COLONY UCHAGAON KARVEER

City KOLHAPUR

PIN Code: 416001

Email ID: arati6062@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 2 9 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019425 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 2 3 5 4 5 9 5 9**Full Name:** ! PATIL ARPITA SURYAKANT**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

B ward ISOLATION HOSPITAL

City KOLHAPUR**PIN Code:** 416012**Email ID:** sureshpatil7147@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 1 1 9 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019511 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 9 3 2 3 1 7 7 3**Full Name:** ! PATIL ARYA DHANANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAMRATH NAGAR NEAR RENUKA MANDIR

City KOLHAPUR**PIN Code:** 416013**Email ID:** aryapatil1773@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80271 Business Regulatory Framework Paper II Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 3 0 1 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020047743 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 3 1 4 1 8 2 1**Full Name:** ! PATIL KOMAL SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SUIVE NAGAR

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030580 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 6 2 3 0 3 6 0 7 5**Full Name: **! PATIL POURNIMA RAJARAM**

Write Name in Devanagari (Marathi): _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

PADALI BUDRUK BIROBA MANDIR KOLHAPUR

City KOLHAPUR

PIN Code: 416229

Email ID: ppournima55@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0** (Uni.Fee. 0)

SEM V), SEM VI)

Subject Details :

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 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.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032353 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 5 1 7 7 5 8 2**Full Name:** ! PATIL RAJNANDINI RAGHUNATH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

296 MANGESHWAR COLONY E WARD VIKRAM NAGAR GUR MARKET YARD KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** rajnandinipatil1107@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 73511 Money and Financial System Paper-I Cr. 2 | 2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 3 5 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032787 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 7 2 4 0 1 3 9**Full Name:** ! PATIL SHREYA JITENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

City KOLHAPUR**PIN Code:** 416202**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 4 1 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019394 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 3 0 7 7 0 6 4 6**Full Name:** ! PATIL SNEHAL BAJIRAO**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

Koge

City KOLHAPUR**PIN Code:** 416010**Email ID:** spatil76973@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P: | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 7 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019460 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 3 2 4 2 9 2 3**Full Name:** ! PATIL VAIBHAVI DILIP**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEW VASHI NAKA

City KOLHAPUR**PIN Code:** 416012**Email ID:** dpatil0484@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032690 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 6 9 8 0 9 1 3 9 6**Full Name: **! RAWAL ANURADHA ANIL**

Write Name in Devanagari (Marathi): _____

Gender: Female

Religion: HINDU

Cast: KOSHTI

Physical Disability NOT APPLICABLE

Correspondence Address:

PLOT NO 18 MOHITE COLONY

City KOLHAPUR

PIN Code: 416007

Email ID: ABC@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV), SEM VI)

Subject Details :

2/4 73524 Business Statistics Paper-II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003819 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 3 9 1 1 6 8 1**Full Name:** ! SANGAR RITIKA RAVINDRA**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** SANAGAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

kagal

City KAGAL**PIN Code:** 416216**Email ID:** sangarritika27@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032715 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 1 1 6 4 3 0 4 0**Full Name:** ! SARDESAI INDRAYANI RANJIT**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

kaneriwadi

City kolhapur**PIN Code:** 416234**Email ID:** indrayanisardesai22@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2	3/5 80241 Business Regulatory Framework Paper I Cr. 2
3/5 80242 Modern Management Practices Paper I Cr. 2	3/5 80243 Co-operative Development Paper I Cr. 2
3/5 80250 Industrial Management Paper I Cr. 2	3/5 80251 Industrial Management Paper II Cr. 2
3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.	3/6 80271 Business Regulatory Framework Paper II Cr. 2
3/6 80272 Modern Management Practices Paper II Cr. 2	3/6 80273 Co-operative Development Paper II Cr. 2
3/6 80280 Industrial Management (Production Management) P:	3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032195 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 3 8 2 9 0 8**Full Name:** ! SASANE GEETA VINAYAK**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 6 4 7**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030564 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 2 2 7 3 6 9 6**Full Name:** ! SAWANT SHREYA NITIN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1203 E WARD RAJARAMPURI 2ND LANE KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**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 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 0 1 2 5**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031808 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 6 7 0 9 6 4 9**Full Name:** ! SHETE SHRUTI RAKESH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

KOLHAPUR

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 5 3 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032703 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 1 4 5 0 8 7 8**Full Name:** ! SHINDE AKANKSHA SANJAY**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

shubhash nagar kolhapur

City kolhapur**PIN Code:** 416012**Email ID:** akanshashinde0007@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 73507 Corporate Accounting Paper-I Cr. 2 | 2/4 73523 Fundamentals of Entrepreneurship Paper -II Cr. 2

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021065483 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 6 6 4 8 5 7 1 5**Full Name:** ! SHINDE PALLAVI BALU**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:**City** KOLHAPUR**PIN Code:****Email ID:** pallavishinde5715@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM III), SEM V), SEM VI)****Subject Details :**

2/3 73507 Corporate Accounting Paper-I Cr. 2 | 3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2 | 3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) Paper IV Cr. 2 | 3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032552 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 8 6 0 8 3 6 3**Full Name:** ! SHINDE SAKSHI SUBHASH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

SHIRKRUSHNA COLONY PACHAGAV

City KOLHAPUR**PIN Code:** 416112**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.	3/6 80271 Business Regulatory Framework Paper II Cr. 2
---	--

3/6 80272 Modern Management Practices Paper II Cr. 2	3/6 80273 Co-operative Development Paper II Cr. 2
--	---

3/6 80274 Advanced Accountancy Paper III Cr. 2	3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2
--	---

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 9 5 6 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031758 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 8 0 8 4 8 8 1 7**Full Name:** ! SHINDE SWARUPA DASHARATH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

GANDHINAGAR

City KOLHAPUR**PIN Code:** 416119**Email ID:** ABC@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80241 Business Regulatory Framework Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2 | 3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 7 6 1**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030576 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 2 6 8 5 0 4 9**Full Name:** ! SHIRGAVE GAYATRI BHAGAVAN**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability:** NOT APPLICABLE

Correspondence Address:

GADMUDSHINGI

City: KOLHAPUR**PIN Code:** 416119**Email ID:** ABC@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 73510 Business Statistics Paper-I Cr. 2

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80251 Industrial Management Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 6 6 4**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030567 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 2 9 9 0 6 7 0 0**Full Name:** ! SONAWANE AKSHATA URTTAM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** DHOR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD BIJALI CHOWK JAWAHAR NAGAR KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** aabc@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 73510 Business Statistics Paper-I Cr. 2

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 2 8 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019418 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 4 9 1 9 6 9 0 2**Full Name:** ! SULGAVE RACHANA RAJESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DAULAT NAGAR

City KOLHAPUR**PIN Code:** 416008**Email ID:** rachanasulgave181707@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 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.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021031728 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 4 9 5 4 1 8**Full Name:** ! SURYAWANSHI VAISHNAVI VILAS**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

shirol

City HATKANANTALE**PIN Code:** 416235**Email ID:** vaishnavisaryawanshi1909@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80242 Modern Management Practices Paper I Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80280 Industrial Management (Production Management) P:

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr.

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 5 8 0**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020030490 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 6 6 5 2 0 1 7 8**Full Name:** ! SUTAR PRIYANKA RAJENDRA**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** SUTAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

DATT COLONY

City KOLHAPUR**PIN Code:** 416007**Email ID:** priyankasutar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80242 Modern Management Practices Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80281 Industrial Management (Personal Mgt.) Paper IV Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 6 1 7 4 8**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021032724 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 0 0 1 1 7 9 5**Full Name:** ! SUTAR RUTUJA VIJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** SUTAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

847 E WARD SHAHUPARI FIFTH LANE KOLHAPUR

City KOLHAPUR**PIN Code:** 416001**Email ID:** RUTUJASUTAR199@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,		Form No. : 4 3 5 2 9 3 4	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR			
Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.			
PRN: 2020041245		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 9 7 6 4 0 1 8 3 4 0	
Full Name: SUTAR SHRADDHA VIJAY			
Write Name in Devanagari (Marathi): _____			
Gender: Female	Religion: HINDU	Cast: SUTAR	Physical Disability NOT APPLICABLE
Correspondence Address:			
SHIVAJI UYDAM NAGAR			
City KOLHAPUR	PIN Code: 416008	Email ID: shraddhasutar@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0	(Uni.Fee. 0)
SEM VI)			
Subject Details :			
3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.			
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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 8 4 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030583 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 6 1 6 4 9 6**Full Name:** ! TIVALE SANIKA JITENDRA**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

kalamaba kolhapur

City kolhapur**PIN Code:** 416007**Email ID:** pishwar1994@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/6 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2 | 3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2 | 3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 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.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003365 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 3 9 0 0 1 2 1 7 8**Full Name: **! UPADHYE HARSHADA AJIT**

Write Name in Devanagari (Marathi): _____

Gender: Female **Religion:** JAIN **Cast:** PANCHAL **Physical Disability** NOT APPLICABLE

Correspondence Address:

AT POST VANDUR

City VANDUR

PIN Code: 416216

Email ID: harshadaupadhye534@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0** (Uni.Fee. 0)

SEM IV), SEM V), SEM VI)

Subject Details :

2/4 73524 Business Statistics Paper-II Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 2 9 3 2**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020041244 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 3 5 6 4 8 8 4 7 3**Full Name: **! VANJOLE SARIKA SUNIL**

Write Name in Devanagari (Marathi): _____

Gender: Female

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

BHUDARGAD

City KOLHAPUR

PIN Code: 416012

Email ID: sarikavanjole@gmail.com

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)

Subject Details :

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021003364 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 0 8 3 4 0 8 1 0**Full Name:** ! VARDHAMANE BHARATI ADINATH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A P MAIN ROAD LINGNUR DUMALA

City KAGAL**PIN Code:** 416216**Email ID:** Vardhamanebharati7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr.

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 0 8 6 3**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019533 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 8 7 3 7 1 5 8**Full Name:** ! VAYADANDE ANJALI ANIL**Write Name in Devanagari (Marathi):** _____

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

Correspondence Address:

E WOARD YADAV NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** VayadandeAnjali@gmil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V)****Subject Details :**

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2020019499 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 7 8 7 0 4 2 1 0**Full Name:** ! YADAV SIDDHI HARIPRASAD**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI

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

(Uni.Fee. 0)

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

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2 | 3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2 | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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.Com (CBCS) 3 Sem VI**
Examination, March-2024



To,

Form No. : **4 3 5 8 6 5 6**

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

Sir, I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in March-2024 for the papers mentioned below.

PRN: 2021030565 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 8 1 1 2 9 0 9 0**Full Name:** ! ZHANZAGE SHRUTI VILAS**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

MAIN ROAD PRAYAG CHIKHALI KARVEER

City KOLHAPUR**PIN Code:** 416229**Email ID:** aabc@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM VI)****Subject Details :**

3/6 80270 Business Environment (Indian Eco.Env.) Paper II Cr. | 3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2 | 3/6 80273 Co-operative Development Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2 | 3/6 80275 Advanced Accountancy Paper IV (Taxation) Cr. 2

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:			