					2020027810		
		VAJI UNIVERSITY, ation Form for B.Sc CBC Examination, N	CS Semester VI (Zoology)			
То,				Form No. :	4 2 7 1 6 3 8		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
Sir,I request the March-2024 for t		present myself at the B ned below.	.Sc CBCS Semes	ter VI (Zoology) exam to be held in		
PRN: 2020027810) College: G	opal Krishna Ghokhale Coll	ege,Kolhapur.,KOl	HAPUR			
	BHANGE OMKAR			Mobile NO : 8	379992105		
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: KAN.	ARBHAT Physi	cal Disability NC	OT APPLICABLE		
Correspondence A	ldress:						
TRIMURTI NAGA	R						
City KOLHAPUR		PIN Code: 416234	Email ID: saga	rbatunge775@gn	nail.com		
Study Center: N	.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81687 Zoology	Paper XIV 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 in the box shown below)	sign strictly	Principal's Signat in the box shown	ture & Seal (Please sign below)		
Specimen Sigature:							

						2020027276
A CONTRACTOR OF THE CONTRACTOR		VAJI UNIVERSITY, K ion Form for B.Sc CBCS Examination, Ma	Semester VI (C	hemistry)		
To,				Form No.	.: 4	271635
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION	I,SHIVAJI UNIVER	SITY,KOLHA	PUR	
•	e permission to p he papers mentio	present myself at the B.S ned below.	c CBCS Semeste	er VI (Cher	nistry) e	exam to be held in
PRN: 2020027276	6 College : G	opal Krishna Ghokhale Colle	ge,Kolhapur. , KOl	HAPUR		
Personal Information	on :			Mobile NO :	957	9581727
Full Name: Al	DSUL SAURABH D	EEPAK				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	IDU Cast: Marath	a Physic	cal Disability	/ NOT AP	PLICABLE
Correspondence A	ddress:					
ADSUL MALA						
City KOLHAPUR		PIN Code: 416004	Email ID: soura	abhadsul277	7@gmail.c	om
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0		(Uni.Fee. 0)
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2					
Optional Subjects:						
	elief. I understand	Il statements made in this that in the event of any i				
Place:	Date:	Student's Signature (Please si in the box shown below)	gn strictly	Principal's S in the box sl	-	Seal (Please sign /)
Specimen Sigature:						

							2021052369
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
To,					Form No.	: 42	79583
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	LION,SHIVAJ		SITY,KOLHAI	PUR	
	permission to pr the papers men	resent myself at the B. tioned below.	Sc CBCS Se	emester \	/I (Computer	Science)	exam to be held
PRN: 2021052369	College : G	iopal Krishna Ghokhale C	ollege,Kolhar	our., KOL	.HAPUR		
Personal Information	on :			I	Nobile NO :	9922	508289
Full Name: AF	REKAR RUTURAJ	BHIRINATH					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	al Disability	NOT APPLI	CABLE
Correspondence A	ddress:						
City KOLHAPUR		PIN Code:	Email I	D: rutura	ajarekar6@gr	mail.com	
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)
SEM V), SEM VI)							
Subject Details :							
3/5 79729 Compute	er Science Paper X	Cr. 2	3/6 81667	English (C	ompulsory) Cr	r. 0	
3/6 81716 Compute	er Science Paper XII	I Cr. 2	3/6 81717	Computer	Science Paper	r XIV Cr. 2	
3/6 81718 Comput	er Science Paper XV	′ Cr. 2	3/6 81719	Computer	Science Paper	r XVI Cr. 2	
3/6 81720 Comput	er Science Practical	Cr. 8					
Optional Subjects:							
	lief. I understand	all statements made in t that in the event of a					
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	,	Principal's Si in the box sh	-	al (Please sign
Specimen Sigature:							

					2020020879
A CONTRACTOR OF A CONTRACTOR O		VAJI UNIVERSIT ion Form for B.Sc CE Examination	•	Chemistry)	
To,				Form No. :	4 2 7 1 6 4 0
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVEF	RSITY,KOLHAPUF	र
•	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semes	ter VI (Chemistr	y) exam to be held in
PRN: 2020020879	College : G	opal Krishna Ghokhale (College,Kolhapur.,KC	DLHAPUR	
Personal Information				Mobile NO :	8767555519
	SABE MAYUR MO				
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	IDU Cast: Ma	aratha Phys	ical Disability N	OT APPLICABLE
Correspondence A	ddress:				
14 th lane					
City KOLHAPUR		PIN Code: 416004	Email ID: www	wasabemayur@gr	nail.com
Study Center: N	I.A.				
Fees Details:			Total Fe	e₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details :			Lovo 04075 Chamiat		
3/6 81674 Chemist Optional Subjects:			3/6 81675 Chemistr	y Paper XIV Cr. 2	
	lief. I understand				d correct to the best of my ncorrect, my candidature is
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signa in the box showr	ture & Seal (Please sign ı below)
Specimen Sigature:					

							2021032775	
And the second s	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
To,					Form No.	: 42	277029	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJ	I UNIVERS	SITY,KOLHA	PUR		
	permission to pr r the papers men	resent myself at the B. tioned below.	Sc CBCS S	emester V	/I (Computer	Science)	exam to be held	
PRN: 2021032775	5 College: G	iopal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR			
Personal Information	on :			Ν	Nobile NO :	9130	5 1 6 1 8 3	
Full Name: AS	SAGAONKAR RUF	PESH RAMESH						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	ıratha	Physic	al Disability:	NOT APPL	ICABLE	
Correspondence A	ddress:							
Kaneriwadi								
City Kolhapur		PIN Code: 416234	Email I	D: rupes	sha1551@gm	nail.com		
Study Center: N	I.A.							
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)	
SEM V), SEM VI)								
Subject Details : 3/5 79729 Compute	er Science Paper X	Cr. 2	3/5 79731	Computer	Science Pape	r XII Cr. 2		
· · · ·	(Compulsory) Cr. 0				Science Pape			
	er Science Paper XI	V Cr. 2	3/6 81718 Computer Science Paper XV Cr. 2					
3/6 81719 Compute			3/6 81720 Computer Science Practical Cr. 8					
Optional Subjects:			J	·				
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	'	Principal's Si in the box sh		eal (Please sign	
Specimen Sigature:								

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Ch Examination, March-2024	emistry)	2020027271
	Form No. :	4 2 7 1 8 8 2
OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSI	TY,KOLHAPUR	
ssion to present myself at the B.Sc CBCS Semester	VI (Chemistry)	exam to be held in

To,					Form No. :	4 2	71882	2
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND E	EVALUATION,	SHIVAJI UNIVI	ERSITY,KOLHAF	PUR		
	e permission to he papers mentio		at the B.Sc	CBCS Seme	ester VI (Chem	istry) exam	to be I	held in
PRN: 202002727 ²	1 College: G	opal Krishna Gho	khale College	,Kolhapur. , k	OLHAPUR			
Personal Information	on :				Mobile NO :	72184	9669) 2
Full Name: B/	ABAR SWAPNIL B	HAUSO						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU (Cast: Maratha	Phy	sical Disability	NOT APPLIC	ABLE	
Correspondence A	ddress:							
BAMNI								
City KOLHAPUR		PIN Code: 41	16232	Email ID: sv	vapnilbabar@gm	ail.com		
Study Center: N	I.A.							
Fees Details:				Total F	ee ₹: 0		(Uni.Fee	∍ . 0)
SEM VI)								
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2							
Optional Subjects:								
Declaration: I here knowledge and be liable to be cancelle	elief. I understand			•				•
Place:	Date:	Student's Signat in the box showr		strictly	Principal's Signation in the box sho	gnature & Seal own below)	(Please sig	gn
Specimen Sigature:								

					2021038269		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No. :	4 2 7 8 5 2 0		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJI UNIVER	SITY,KOLHAPUR			
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021038269	College: G	opal Krishna Ghokhale (College,Kolhapur. , KOl	LHAPUR			
Personal Information	on :			Mobile NO: 74	1 0 1 0 7 4 7 1		
Full Name: BA	AGAL HARSHWAF	RDHAN BAPUSO					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT A	PPLICABLE		
Correspondence A	ddress:						
YALGUD							
City KOLHAPUR		PIN Code: 416236	Email ID: HBB	@GMAIL.COM			
Study Center: N	I.A.						
Fees Details:			Total Fee	.₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)							
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682 Chemistry	Paper IX Cr. 2			
3/5 79683 Chemist	ry Paper X Cr. 2		3/6 81667 English (C	Compulsory) Cr. 0			
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	Paper XIV Cr. 2			
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 Chemistry	Paper XVI Cr. 2			
3/6 81678 Chemist	ry Practical Cr. 8				l		
Optional Subjects:							
_							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is							
knowledge and be liable to be cancelle		that in the event of a	ny information being	tound talse or incori	rect, my candidature is		
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature			
Specimen Sigature:							

					2020029276	
A CONTRACTOR		ion Form for B.Sc CB Examination,	CS Semester VI (C	Chemistry)		
To,				Form No. :	4 2 7 1 6 6 8	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ON,SHIVAJI UNIVER	SITY,KOLHAPUF	र	
	e permission to he papers mentic	present myself at the E ned below.	3.Sc CBCS Semest	er VI (Chemistry	y) exam to be held in	
PRN: 2020029276	6 College: G	opal Krishna Ghokhale Co	ollege,Kolhapur.,KO	LHAPUR		
	ATUNGE AMAN M			Mobile NO : 8	3 3 2 9 9 8 2 9 7 1	
	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: KAN	IJARBHAT Physi	cal Disability NO	OT APPLICABLE	
Correspondence A	ddress:					
NEAR SSC BOAF	RD MOTINAGAR K	ANJARBHAT VASAHAT				
City KOLHAPUR		PIN Code: 416004	Email ID: batu	ngeaman@gmail.	.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV 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 in the box shown below)	e sign strictly	Principal's Signation in the box shown	ture & Seal (Please sign ı below)	
Specimen Sigature:						

					2020029256			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
То,				Form No. : 4 2	71978			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	ION,SHIVAJI UNIVER	SITY,KOLHAPUR				
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2020029256 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR								
Personal Information	on :			Mobile NO: 7385	3 3 8 0 0 8			
Full Name: B	HAMATEKAR OM	KAR DATTATRAY						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT APPL	ICABLE			
Correspondence A	ddress:							
KUDITRE								
City KOLHAPUR		PIN Code: 416204	Email ID: omk	arbhamtekar@gmail.com				
Study Center: N	IA		Ending. on a					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM IV), SEM VI)					(
Subject Details :			-					
2/4 78908 Physics	Paper VII & VIII Cr.	8	2/4 78912 Statistics	Paper VII & VIII Cr. 8				
2/4 78917 Comput	er Science. Paper VI	I & VIII Cr. 8	2/4 78928 ENVIRON	MENTAL STUDIES Cr. 0				
3/6 81720 Comput	er Science Practical	Cr. 8						
Optional Subjects:								
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature & Se in the box shown below)	al (Please sign			
Specimen								
Sigature:								

							2	2021038211
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Physics) Examination, March-2024								
To,					F	orm No. :	427	7947
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UN	IVERS	SITY	,KOLHAPUR		
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS S	emeste	er '	VI (Physics)	exam to	o be held in
PRN: 2021038211	College: G	opal Krishna Ghokhale C	ollege,Kolhapur.	, KOLI	HAP	PUR		
Personal Information	on :			м	lobil	eNO: 70) 3 0 4 4	9029
Full Name: Bl	IOSALE AVINASH	I SATISH						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha P	hysica	al D	isability NOT	APPLICA	BLE
Correspondence A	ddress:							
City		PIN Code:	Email ID:	AVINA	ASH	BHOSALE949	7@GMAIL	COM
Study Center: N	I.A.							
Fees Details:			Tota	I Fee ₹	₹:	0	(Uni.Fee. 0)
SEM VI)								
Subject Details : 3/6 81667 English	(Compulsory) Cr 0		3/6 81668 Phys	sics Pa	ner)	XIII Cr 2		
	Paper XIV Cr. 2		3/6 81670 Phys					
3/6 81671 Physics			3/6 81672 Phys					
			3/0 01072 Thy	5105112				
Optional Subjects:								
	lief. I understand	all statements made in t that in the event of a	ny information be					•
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly			icipal's Signatur ne box shown be		lease sign
Specimen		· · · · · · · · · · · · · · · · · · ·					,	

. Sigature:

							2021049677	
A CONTRACTOR	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
To,					Form No.	: 42	79487	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ	I UNIVERS	SITY,KOLHAF	PUR		
•	permission to pr the papers men	resent myself at the B. tioned below.	Sc CBCS S	emester V	/I (Computer	Science)	exam to be held	
PRN: 2021049677	7 College: G	iopal Krishna Ghokhale (ollege,Kolha	pur. , KOL	HAPUR			
Personal Information	on :			Γ	Mobile NO :	9359	952388	
Full Name: Bl	HOSALE DEVEND	RA PRAKASH						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	al Disability	NOT APPL	ICABLE	
Correspondence A	ddress:							
City KOLHAPUR		PIN Code:	Email I	I D: devbl	hosale5@gma	ail.com		
Study Center: N	I.A.							
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)	
SEM V), SEM VI)								
Subject Details :								
3/5 79729 Compute	er Science Paper X	Cr. 2	3/6 81667	English (C	ompulsory) Cr	. 0		
3/6 81716 Compute	er Science Paper XII	I Cr. 2	3/6 81717	Computer	Science Paper	XIV Cr. 2		
3/6 81718 Compute	er Science Paper XV	′ Cr. 2	3/6 81719	Computer	Science Paper	XVI Cr. 2		
3/6 81720 Compute	er Science Practical	Cr. 8						
Optional Subjects:								
	lief. I understand	all statements made in that in the event of a						
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/	Principal's Signalis in the box she		al (Please sign	
Specimen Sigature:								

2020027274	
2020021214	

					2020027274		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No.	: 4271577		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHA	PUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2020027274 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Information	on :			Mobile NO :	9423859071		
Full Name: Bl	HOSALE GANESH	I MAHENDRA					
Write Name in De	vanagari (Marathi	i):					
Gender: Male	Religion: HI	NDU Cast: Ot	her Physi	cal Disability	NOT APPLICABLE		
Correspondence A	ddress:						
B WARD BIJALI C	HOWK						
City KOLHAPUR		PIN Code: 416012	Email ID: gane	eshmahendra	946@gmail.com		
Study Center: N	I.A.						
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	Paper XV Cr.	2		
Optional Subjects:	Optional Subjects:						
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's S in the box sh	ignature & Seal (Please sign own below)		
Specimen Sigature:							

						2020029269
A CONTRACTOR OF THE CONTRACTOR OF TO CON		ion Form for B.Sc CB Examination	•	Chemistry))	
To,				Form No	b. : 4	271810
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLH	APUR	
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS Semest	er VI (Che	emistry) ex	kam to be held in
PRN: 2020029269	College : G	opal Krishna Ghokhale C	College,Kolhapur. , KO	LHAPUR		
Personal Information	on :			Mobile NO :	913	0742277
Full Name: Bl	HOSALE KETAN C	HANDRAKANT				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha Physi	cal Disabilit	y NOTAPF	PLICABLE
Correspondence A	ddress:					
KOGNOLI						
City BELGAUM		PIN Code: 591229	Email ID: bhos	aleketan04(@gmail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	e₹: 0		(Uni.Fee. 0)
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	/ Paper XV C	cr. 2	
Optional Subjects:						
	lief. I understand	all statements made in t that in the event of a				
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly		Signature & S shown below)	Seal (Please sign
Specimen Sigature:						

					ZUE TUUUEET		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No. :	4 2 7 7 9 5 0		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR							
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Seme	ester VI (Chemistry)	exam to be held in		
PRN: 2021038224	4 College : G	opal Krishna Ghokhale C	college,Kolhapur.,k	OLHAPUR			
Personal Information	on :			Mobile NO : 0	0 0 0 0 0 0 0 0 0 0		
Full Name: B	HOSALE SHUBHA	M GANPAT					
Write Name in De	evanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Phy	vsical Disability NO	TAPPLICABLE		
City Study Center: N	I.A.	PIN Code:	Email ID: B	HOSALESHUBHAM2	95@GMAIL.COM		
Fees Details: SEM V), SEM VI)			Total F	ee ₹: 0	(Uni.Fee. 0)		
Subject Details : 3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79683 Chemis	stry Paper X Cr. 2			
3/5 79684 Chemist	try Paper XI Cr. 2		3/6 81667 English	(Compulsory) Cr. 0			
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675 Chemis	stry Paper XIV Cr. 2			
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677 Chemis	stry Paper XVI Cr. 2			
3/6 81678 Chemist	try Practical Cr. 8		•				
Optional Subjects:							
	elief. I understand				correct to the best of my correct, my candidature is		
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatu in the box shown b	re & Seal (Please sign pelow)		
Specimen Sigature:							

					2020029324				
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024									
To,				Form No. :	4 2 7 1 8 1 7				
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR									
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.									
PRN: 2020029324	4 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur. , KOl	HAPUR					
	on : HUTE YASH RAJE evanagari (Marathi			Mobile NO : 7	0 5 7 7 6 8 8 5 9				
Gender: Male	Religion: HI	NDU Cast: Other	Physi	cal Disability NO	T APPLICABLE				
Correspondence Ad S.S.C BOARD MA City KOLHAPUR Study Center: N	AHADA COLONY	PIN Code: 416008	Email ID: bhut	eyash780@gmail.	com				
Fees Details: SEM VI)			Total Fee	₹: 0	(Uni.Fee. 0)				
Subject Details : 3/6 81676 Chemist Optional Subjects:	• •		_						
	elief. I understand	all statements made in this I that in the event of any		•	•				
Place:	Date:	Student's Signature (Please s in the box shown below)	gn strictly	Principal's Signate	ure & Seal (Please sign below)				
Specimen Sigature:					-				

					2021038151		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No. :	4 2 7 7 7 4 7		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR							
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 202103815 ⁻	1 College: G	opal Krishna Ghokhale (College,Kolhapur.,KO	LHAPUR			
Gender: Male	Religion: HIN	-	aratha Phys	cal Disability NOT	APPLICABLE		
Correspondence A	ddress:						
DINDNERLI							
City KOLHAPUR		PIN Code: 416207	Email ID: OBC	DTE2399@GMAIL.C	ОМ		
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)			Total Fee	ə₹: 0	(Uni.Fee. 0)		
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683 Chemistr	/ Paper X Cr. 2			
3/6 81667 English			3/6 81674 Chemistr				
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistr	/ Paper XV Cr. 2			
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistr	/ Practical Cr. 8			
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	e & Seal (Please sign elow)		
Specimen Sigature:							

							2020020893
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				For	rm No. :	427	1965
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION, SH	IVAJI UNIVER	SITY,K	OLHAPUR		
	e permission to he papers mentic	present myself at the B.Sc C ned below.	BCS Semeste	er VI	(Chemistry) exam	to be held in
PRN: 202002089	3 College: G	iopal Krishna Ghokhale College,K	olhapur.,KOI	.HAPU	IR		
	UGADE ANIKET A	· · · · · · · · · · · · · · · · · · ·		Nobile	NO : 9	0210	746536
Write Name in De	evanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Maratha	Physic	cal Dis	ability NO	T APPLIC	ABLE
Correspondence A	ddress:						
GANESH NAGAF	R						
City KOLHAPUR		PIN Code: 416012 Er	nail ID: anike	etbuga	de06@gma	il.com	
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: ()		(Uni.Fee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79682 Chemis	try Paper IX Cr. 2	3/6 81	675 Chemistry	Paper	XIV Cr. 2		
Optional Subjects:							
	elief. I understand	all statements made in this appl that in the event of any inforr	nation being	found	false or in	correct, m	ny candidature is
Place:	Date:	Student's Signature (Please sign st in the box shown below)	rictly		ipal's Signat box shown		Please sign
Specimen Sigature:							

						2021038299
Recurring the second se	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Geology) Examination, March-2024					
To,					Form No. :	4 2 7 7 2 8 5
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	I UNIVERS	ITY,KOLHAPUR	{
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Geology) exam to be held in March-2024 for the papers mentioned below.						
PRN: 2021038299 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR						
Personal Information	on :			M	lobile NO : 8	0 8 0 4 7 4 9 7 8
Full Name: Cl	HATURVEDI SATY	AM RAMESH				
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	al Disability NC	DT APPLICABLE
Correspondence A	ddress:					
KANERI						
City KOLHAPUR		PIN Code: 416234	Email I	D: SATY	ARC198@GMAI	L.COM
Study Center: N	I.A.					
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)
SEM VI)						
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81698	Geology Pa	aper XIII Cr. 2	
3/6 81699 Geology	Paper XIV Cr. 2		3/6 81700	Geology Pa	aper XV Cr. 2	
3/6 81701 Geology	/ Paper XVI Cr. 2		3/6 81702	Geology Pr	actical Cr. 8	
Optional Subjects:						
•						
	elief. I understand	that in the event of ar	ny informatio	on being fo		correct to the best of my ncorrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly		Principal's Signat in the box shown	ture & Seal (Please sign below)
Snaaiman		· · · · · · · · · · · · · · · · · · ·		<u> </u>		

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

							2021040525
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,					Form No. :	427	7968
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ	I UNIVERS	SITY,KOLHAPU	JR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chemis	try) exam	to be held in
PRN: 2021040525	5 College: G	opal Krishna Ghokhale (College,Kolha	pur.,KOL	HAPUR		
Personal Information	on : HAVAN KIRAN BA	JARANG		Ν	lobile NO :	80802	53191
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	al Disability	NOT APPLIC	ABLE
Correspondence A	ddress:						
City		PIN Code:	Email	D: CHA	ANKIRAN5208	8@GMAIL.C	OM
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683	Chemistry	Paper X Cr. 2		
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667	English (Co	ompulsory) Cr. ()	
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2	2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	2	
3/6 81678 Chemist	ry Practical Cr. 8						
Optional Subjects:							
	elief. I understand	all statements made in that in the event of a					
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/	Principal's Sigr in the box show		(Please sign
Specimen Sigature:		·····,				,	

					2021043115
		Form for B.Sc CE	SITY, KOLHAPUR BCS Semester VI (Cor ation, March-2024	nputer Scien	ce)
To,				Form No. :	4 2 7 8 5 1 7
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVA	ALUATION,SHIVAJI UNIVE	RSITY,KOLHAF	VR
	permission to pr r the papers men		ne B.Sc CBCS Semester	VI (Computer	Science) exam to be held
PRN: 2021043115	5 College: G	opal Krishna Ghokh	ale College,Kolhapur. , K	OLHAPUR	
	on : HIBBALKAR PRAT evanagari (Marathi			Mobile NO :	7796692933
Gender: Male	Religion: HIN	NDU Ca	st: Maratha Phy	sical Disability	NOT APPLICABLE
Correspondence A RAJOPADHE NA City KOLHAPUR Study Center: N	GAR	PIN Code: 4160	12 Email ID: PF	ATAPC1630@G	SMAIL.COM
Fees Details: SEM V), SEM VI)			Total F	ee≹: 0	(Uni.Fee. 0)
Subject Details : 3/5 79729 Compute	er Science Paper X	Cr. 2	3/6 81667 English	(Compulsory) Cr.	. 0
3/6 81716 Comput	er Science Paper XII	I Cr. 2	3/6 81717 Compu	er Science Paper	XIV Cr. 2
3/6 81718 Comput	er Science Paper XV	′ Cr. 2	3/6 81719 Compu	er Science Paper	XVI Cr. 2
3/6 81720 Comput	er Science Practical	Cr. 8			
Optional Subjects:					
	elief. I understand				and correct to the best of my r incorrect, my candidature is
Place:	Date:	Student's Signature in the box shown be	e (Please sign strictly elow)	Principal's Sig in the box sho	gnature & Seal (Please sign own below)
Specimen					

Sigature:

					2021040945
Martin Control	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024				
To,				Form No. : 4 2	77771
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR	
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.					
PRN: 2021040945 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR					
Personal Information	on :			Mobile NO: 7744	904191
Full Name: CH	HOUGALE DHAIR	ASHEEL JAGDISH			
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT APPL	ICABLE
Correspondence A	ddress:				
NIGAVE KHALSA					
City KOLHAPUR		PIN Code: 416207	Email ID: DHA	NRYSHEELCHOUGALE20	003@GMAIL.COM
Study Center: N	I.A.				
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683 Chemistr	/ Paper X Cr. 2	
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667 English (0	Compulsory) Cr. 0	
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistr	/ Paper XIV Cr. 2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 Chemistr	/ Paper XVI Cr. 2	
3/6 81678 Chemist	ry Practical Cr. 8				
Optional Subjects:					
	elief. I understand			ue complete and correct found false or incorrect,	
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signature & Se in the box shown below)	al (Please sign
Specimen Sigature:					

						2021040923
A CALL AND		IVAJI UNIVERSIT ion Form for B.Sc CE Examination	SCS Semes	ter VI (Cl	nemistry)	
To,					Form No. :	4 2 7 7 7 5 9
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ	I UNIVERS	ITY,KOLHAPUR	{
· · ·	e permission to he papers mentio	· •	B.Sc CBCS	Semeste	r VI (Chemistry	y) exam to be held in
PRN: 2021040923	3 College: G	opal Krishna Ghokhale (College,Kolha	pur.,KOL	HAPUR	
	HOUGALE GIRIRA			N	lobile NO : 7	796167735
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	al Disability NC	OT APPLICABLE
Correspondence A	ddress:					
MADYAL						
City KOLHAPUR		PIN Code: 416218	Email	i d : Girif	AJCHOUGALE1	12@GMAIL.COM
Study Center: N	I.A.					
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(Uni.Fee. 0)
Subject Details : 3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79683	Chemistry	Paper X Cr. 2	
3/6 81667 English					Paper XIII Cr. 2	
3/6 81675 Chemist	try Paper XIV Cr. 2		3/6 81676	Chemistry	Paper XV Cr. 2	
3/6 81677 Chemist	try Paper XVI Cr. 2		3/6 81678	Chemistry	Practical Cr. 8	
Optional Subjects:						
	elief. I understand					correct to the best of my ncorrect, my candidature is
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Signat in the box shown	ture & Seal (Please sign below)
Specimen Sigature:						

					2020057803
Winner and		VAJI UNIVERSITY, ion Form for B.Sc CBC Examination, N	S Semester VI (C	hemistry)	
To,				Form No. :	4 2 7 2 7 7 5
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIC	N,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentic	present myself at the B. ned below.	Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 2020057803	3 College: G	opal Krishna Ghokhale Coll	ege,Kolhapur.,KOl	HAPUR	
Personal Information	on :			Mobile NO: 94	05218772
Full Name: Cl	HOUGULE ADITYA	AMIT			
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	IDU Cast: Marat	ha Physi	cal Disability NOT	APPLICABLE
Correspondence A	ddress:				
VILAS NAGAR SH	HIROLI PU				
City KOLHAPUR		PIN Code: 416122	Email ID: adity	achougule@gmail.c	om
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79683 Chemist	ry Paper X Cr. 2	3	/6 81674 Chemistry	Paper XIII Cr. 2	
3/6 81675 Chemist	ry Paper XIV Cr. 2				
Optional Subjects:					
	elief. I understand	Il statements made in this that in the event of any		•	•
Place:	Date:	Student's Signature (Please in the box shown below)	sign strictly	Principal's Signatur in the box shown be	e & Seal (Please sign Blow)
Specimen Sigature:					

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SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,				Form No. :	277952	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.						
PRN: 2021038646 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR						
	Personal Information : Mobile NO : 8 3 7 8 8 4 9 7 9 7 Full Name: CHOUGULE ASHITOSH SADASHIV					
Write Name in Devanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha Physi	cal Disability NOT AF	PLICABLE	
Correspondence Address:						
City		PIN Code:	Email ID: ASC	@GMAIL.COM		
Study Center: N	I.A.					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)						
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683 Chemistr	y Paper X Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistr	y Paper XIII Cr. 2		
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry Paper XV Cr. 2			
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistry Practical Cr. 8			
Optional Subjects:						
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature & in the box shown below		
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,			·	

2020	020801
2020	020001

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No.	: 4271637		
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIO	ON,SHIVAJI UNIVER	SITY,KOLHAI	PUR		
Sir,I request the March-2024 for t		present myself at the B ned below.	.Sc CBCS Semeste	er VI (Chem	nistry) exam to be held in		
PRN: 202002080 ²	College: G	iopal Krishna Ghokhale Co	llege,Kolhapur.,KOI	.HAPUR			
Personal Information	on :			Nobile NO :	8 9 7 5 3 6 0 9 9 7		
Full Name: DI	EVKULE PRATHM	ESH KRISHNAT					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: MAN	G Physic	al Disability	NOT APPLICABLE		
Correspondence A	ddress:						
WADAKASHIVALI	Ξ						
City KOLHAPUR		PIN Code: 416207	Email ID: prath	meshd064@	gmail.com		
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)							
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/6 81675 Chemistry	Paper XIV Cr	. 2		
Optional Subjects:							
	lief. I understand			•	and correct to the best of m or incorrect, my candidature is		
Place:	Date:	Student's Signature (Please in the box shown below)	sign strictly	Principal's Si in the box sh	ignature & Seal (Please sign own below)		
Specimen Sigature:							

							2020029264
A COLUMN COLUMN		VAJI UNIVERSIT ion Form for B.Sc C Examination	•		nemistry)		
To,					Form No.	:	4 2 7 1 8 1 6
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	ATION,SHIVAJI UNI	IVERS	ITY,KOLHAF	PUR	
	permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Ser	mester	VI (Chem	istry)	exam to be held in
PRN: 2020029264	t College: G	opal Krishna Ghokhale	College,Kolhapur.	, KOLH	IAPUR		
Personal Information	on :			M	obile NO :	70	57793997
Full Name: DI	EVKULE PRITAM I	RISHNAT					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	IDU Cast: M	ANG P	Physica	al Disability	NOT A	PPLICABLE
Correspondence A	ddress:						
WADAKSHIVALE							
City KOLHAPUR		PIN Code: 416207	Email ID:	pritam	devkule997(@gmail.c	com
Study Center: N	I.A.						
Fees Details:			Tota	l Fee ₹	t: 0		(Uni.Fee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/6 81674 Cher	mistry F	Paper XIII Cr.	2	
3/6 81675 Chemist	ry Paper XIV Cr. 2						
Optional Subjects:							
	lief. I understand						rect to the best of my ect, my candidature is
Place:	Date:	Student's Signature (Ple in the box shown below)			Principal's Sig	-	& Seal (Please sign w)
Specimen Sigature:							

						2021040	940	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,					Form No.	4 2 7 7 7 6	4	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI	UNIVERS	SITY,KOLHAI	PUR		
· ·	e permission to he papers mentio	present myself at the oned below.	B.Sc CBCS	Semeste	r VI (Chem	nistry) exam to be l	held in	
PRN: 2021040940	College: G	Gopal Krishna Ghokhale(College,Kolhap	ur. , KOL	HAPUR			
Personal Information	on :			Ν	Nobile NO :	787578099) 7	
Full Name: DI	HAVAN PRANAVR	AJ KRUSHNAT						
Write Name in De	vanagari (Marathi	i):						
Gender: Male	Religion: HIN	NDU Cast: W	ANI	Physic	al Disability	NOT APPLICABLE		
Correspondence A	ddress:							
NIGAVE KHALAS	A							
City KOLHAPUR		PIN Code: 416207	Email II	D: SUNI	NYDHAVAN0	9@GMAIL.COM		
Study Center: N	I.A.							
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(Uni.Fee	÷. 0)	
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683	Chemistry	Paper X Cr. 2	2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674	Chemistry	Paper XIII Cr.	. 2		
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676	Chemistry	Paper XV Cr.	2		
3/6 81677 Chemist					Practical Cr. 8			
Optional Subjects:								
	elief. I understand	all statements made in I that in the event of a						
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Si in the box sh	ignature & Seal (Please sig own below)	<u>jn</u>	
Specimen Sigature:								

					2021037896			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No. :	4 2 7 6 4 6 2			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALU	ATION,SHIVAJI UNIVER	SITY,KOLHAPUR				
	e permission to he papers mentic		B.Sc CBCS Semeste	er VI (Chemistry)	exam to be held in			
PRN: 2021037896	6 College: G	opal Krishna Ghokhale	College,Kolhapur., KOl	HAPUR				
Personal Information	on :			Mobile NO : 9 3	370025662			
Full Name: DI	HOBALE OMKAR	BHIMSEN						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HI	NDU Cast: M	1aratha Physi	cal Disability NOT	APPLICABLE			
Correspondence A	ddress:							
FULEWADI								
City KOLHAPUR		PIN Code: 416010	Email ID: OM	ARDHOBALE185@	GMAIL.COM			
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)								
Subject Details :								
3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683 Chemistry	Paper X Cr. 2				
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistry	Paper XIII Cr. 2				
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	Paper XV Cr. 2				
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistry	Practical Cr. 8				
Optional Subjects:								
	elief. I understand				correct to the best of my prrect, my candidature is			
Place:	Date:	Student's Signature (Ple in the box shown below		Principal's Signatur in the box shown be	e & Seal (Please sign elow)			
Specimen Sigature:								

2021	037957
<u>_</u> i	001001

						20	21037957
		IVAJI UNIVERSIT tion Form for B.Sc CE Examination	SCS Semes	ter VI (Cl	nemistry)		Be
To,					Form No. :	4276	501
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ	UNIVERS	ITY,KOLHAPU	R	
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS	Semeste	· VI (Chemist	ry) exam to	be held in
PRN: 202103795	7 College: G	Gopal Krishna Ghokhale(College,Kolhap	our. , KOLI	HAPUR		
	on : AIKWAD VIKRANT evanagari (Marathi			N	obile NO :	911950	0612
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	al Disability	IOT APPLICABI	E
Correspondence A	ddress:						
2423 B WARD MA	ANGALWAR PETH	I					
City KOLHAPUR		PIN Code: 416012	Email I	D: GAIK	WADVICKY755	@GMAIL.COM	
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(U	ni.Fee. 0)
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683	Chemistry I	Paper X Cr. 2		
3/6 81667 English			-		Paper XIII Cr. 2		
3/6 81675 Chemist					Paper XV Cr. 2		
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678	Chemistry I	Practical Cr. 8		
Optional Subjects:							
	elief. I understand	all statements made in I that in the event of a					
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Sign in the box show	ature & Seal (Ple n below)	ase sign
Specimen Sigature:							

						20210	40730
A CONTRACTOR OF A CONTRACTOR O		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	CS Semes	ster VI (C	hemistry)	1	E.
То,					Form No. :	427792	26
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	FION,SHIVAJ		SITY,KOLHAPUR		
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chemistry	r) exam to be	held in
PRN: 2021040730	College : G	opal Krishna Ghokhale C	ollege,Kolha	pur., KOL	HAPUR		
Personal Information	on :			I	Mobile NO : 9	2845708	95
Full Name: G	ALATAGE SOURA	BH SANJAY					
Write Name in De	evanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	cal Disability NO	T APPLICABLE	
Correspondence A	ddress:						
CHIKHALI KASAE	3A						
City KOLHAPUR		PIN Code: 416234	Email	ID: SOU	RABHGALATAGE	1397@GMAIL.C	ОМ
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0	(Uni.F	ee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682	Chemistry	Paper IX Cr. 2		
3/5 79683 Chemist	try Paper X Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0		
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2		
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2		
3/6 81678 Chemist	try Practical Cr. 8						
Optional Subjects:							
	elief. I understand	all statements made in t that in the event of a					
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's Signate	ure & Seal (Please below)	sign
Specimen Sigature:		, ,				<u> </u>	

								2020029298	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024									
To,					Form I	No. :	427	1649	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	II UNIVERS	ITY,KOL	HAPUR			
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semester	r VI (Cł	nemistry)	exam	to be held in	
PRN: 2020029298	3 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur.,KOLI	HAPUR				
Personal Information	on :			N	lobile NO	: 97	664	80388	
Full Name: GA	ARAD HRISHIKES	H RAVINDRA							
Write Name in De	vanagari (Marathi):							
Gender: Male	Religion: HIN	IDU Cast: Ma	ratha	Physic	al Disabi	lity NOT	APPLICA	BLE	
Correspondence A	ddress:								
OM GANESH CO	LONY								
City KOLHAPUR		PIN Code: 416012	Email	ID: rushik	eshgarad	d2131@gm	nail.com		
Study Center: N	I.A.								
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)	
SEM IV), SEM V),	SEM VI)								
Subject Details : 2/4 78928 ENVIRO	NMENTAL STUDIES	S Cr. 0	3/5 79682	Chemistry I	Paper IX	Cr. 2			
3/5 79683 Chemist	ry Paper X Cr. 2		3/6 81674	Chemistry I	Paper XIII	Cr. 2			
3/6 81675 Chemist	ry Paper XIV Cr. 2								
Optional Subjects:									
	elief. I understand	Il statements made in t that in the event of a						-	
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly		-	's Signature k shown bel	•	Please sign	

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

						2020070985
AND THE REAL PROPERTY OF THE R		VAJI UNIVERSITY, I ion Form for B.Sc CBCs Examination, M	S Semester VI (C	hemis	try)	ORIGINAL
То,				Form	n No. :	4 2 7 2 9 5 2
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,KC	LHAPUR	
	e permission to p he papers mentio	present myself at the B.S ned below.	Sc CBCS Semeste	er VI (0	Chemistry)	exam to be held in
PRN: 202007098	5 College: G	opal Krishna Ghokhale Colle	ege,Kolhapur. , KOL	.HAPUR		
Personal Information	on :		Γ	Nobile N	D: 98	3 2 2 4 9 4 2 8 5
Full Name: G	AVADE MAHESH A	RUN				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	IDU Cast: Marat	ha Physic	al Disa	bility NOT	APPLICABLE
Correspondence A	ddress:					
KMT COLONY						
City KOLHAPUR		PIN Code: 416005	Email ID: mahe	eshgavd	e15082002	@gmail.com
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0		(Uni.Fee. 0)
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		_			
Optional Subjects:						
	elief. I understand	Il statements made in this that in the event of any	information being f	ound fa	alse or inco	prrect, my candidature is
Place:	Date:	Student's Signature (Please s in the box shown below)	sign strictly		al's Signatur ox shown be	e & Seal (Please sign elow)
Specimen Sigature:						

2020029294

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Fo	orm No. :	427	1879	
The DIRECTOR, E	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,ł	KOLHAPUR			
Sir,I request the March-2024 for th	•	present myself at the B.S ned below.	Sc CBCS Semeste	er VI	(Chemistry)	exam 1	to be held in	
PRN: 2020029294	College: G	opal Krishna Ghokhale Colle	ege,Kolhapur. , KOl	_HAPl	UR			
Personal Informatio Full Name: GA	n : WALI DHIRAJ MA	DHUKAR		Mobile	• NO: 77	7500	06256	
Write Name in Dev	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: CHAM	BHAR Physic	cal Dis	sability NOT	APPLICA	BLE	
Correspondence Ad	dress:							
BIRDEV MANDIR	MAGE							
City KOLHAPUR		PIN Code: 416119	Email ID: dhira	ijgaval	li@gmail.com			
Study Center: N	.A.							
Fees Details:			Total Fee	₹:	0	(Uni.Fee. 0)	
SEM VI)								
Subject Details : 3/6 81674 Chemistr	y Paper XIII Cr. 2							
Optional Subjects:								
	lief. I understand	all statements made in this I that in the event of any			•		•	
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly		cipal's Signature e box shown be	•	lease sign	
Specimen Sigature:								

					20	20052033		
A CONTRACTOR OF THE SECOND	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No.	4 2 7 2	514		
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION, SH	IIVAJI UNIVER	SITY,KOLHA	PUR			
	permission to he papers mentic	present myself at the B.Sc C ned below.	BCS Semeste	er VI (Chem	nistry) exam to	be held in		
PRN: 2020052033 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR								
Personal Information Full Name: Gl	on : HATAGE AJAY SU	BHASH	ı	Mobile NO :	797292	9964		
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Maratha	Physic	al Disability	NOT APPLICABI	LE		
Correspondence A	ddress:							
SHRMIK SOCIET	Y							
City KOLHAPUR		PIN Code: 416012 E	mail ID: ajayg	hatage785@)gmail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0	(U	ni.Fee. 0)		
SEM VI)								
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2	3/6 8	1676 Chemistry	Paper XV 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 s in the box shown below)	trictly	Principal's S in the box sh	ignature & Seal (Ple own below)	ase sign		
Specimen Sigature:								

							2021040808
		IVAJI UNIVERSITY ition Form for B.Sc CE Examination	SCS Seme	ster VI (O	Geology)		
То,					Form No.	: 4 2	77071
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ		SITY,KOLHA	PUR	
	e permission to he papers mentic	present myself at the med below.	B.Sc CBCS	Semeste	er VI (Geolo	ogy) exar	n to be held in
PRN: 2021040808	3 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR		
Personal Information Full Name: G	on : HODAKE VIVEK V	IJAY			Mobile NO :	9156	974557
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HI	NDU Cast: PA	RIT	Physic	cal Disability	NOT APPLI	CABLE
Correspondence A NERLI TAMGAON City KOLHAPUR		PIN Code : 416004	Email	ID: VVG	@GMAIL.CO	M	
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0		(Uni.Fee. 0)
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/6 81667	English (C	compulsory) C	r. 0	
3/6 81698 Geology	,		·		Paper XIV Cr. 2		
3/6 81700 Geology	· · ·			••	· Paper XVI Cr. 3		
3/6 81702 Geology	Practical Cr. 8						
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's S in the box sh	ignature & Sea lown below)	l (Please sign
Specimen Sigature:						-	

2020027829	
2020021023	

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024										
To,					Form	No. :		427	17	14
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION	I,SHIVAJI UNIVER	sit	Y,KOI	HAPU	R			
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.										
PRN: 2020027829 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR										
Personal Information	on :			Mol	bile NC):	775	568	05	398
Full Name: G	HORPADE LAXMA	NRAO SANTAJI								
Write Name in De	vanagari (Marathi):								
Gender: Male	Religion: HIN	NDU Cast: Marath	a Physi	ical	Disab	ility N	IOT AF	PPLIC	ABLE	
Correspondence A	ddress:									
JADHAV MALA										
City KOLHAPUR	City KOLHAPUR PIN Code: 416119 Email ID: laxmanraoghorpade104@gmail.com									
Study Center: N.A.										
Fees Details:			Total Fee	e ₹:	0				(Uni.F	⁻ ee. 0)
SEM VI)										
Subject Details : 3/6 81675 Chemist	ry Paper XIV 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 si in the box shown below)	gn strictly		-	l's Sign x show			Please	e sign
Specimen Sigature:										

					2020020805		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024 Examination, March-2024							
To,				Form No.	4 2 7 1 6 4 8		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.						
PRN: 2020020805	5 College: G	opal Krishna Ghokhale Colle	ege,Kolhapur. , KOl	HAPUR			
Personal Informatio Full Name: G Write Name in De	ONDE SHRAVAN			Mobile NO :	8 4 8 5 0 0 4 2 7 3		
Gender: Male	Religion: HIN	NDU Cast: GAVAI	_l Physic	cal Disability	NOT APPLICABLE		
Correspondence A	ddress:						
DATTA COLONY							
City KOLHAPUR		PIN Code: 416234	Email ID: shra	/angonde5018	8@gmail.com		
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		_				
Optional Subjects:							
	lief. I understand				and correct to the best of my or incorrect, my candidature is		
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly	Principal's Si in the box sh	gnature & Seal (Please sign own below)		
Specimen Sigature:							

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20	20	υs	00	10

					2020030576	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. :	4 2 7 2 2 6 7	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,KOLHAPU	R	
	e permission to he papers mentic	present myself at the B.S oned below.	c CBCS Semest	er VI (Chemist	ry) exam to be held in	
PRN: 2020030576	6 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur.,KOl	HAPUR		
	on : ONGANE SURAJ evanagari (Marathi			Mobile NO :	9 8 6 0 8 7 8 7 2 4	
Gender: Male	Religion: HI	·	a Physi	cal Disability N	IOT APPLICABLE	
Correspondence A			,	····· ,		
NIGAVE						
City KOLHAPUR		PIN Code: 416207	Email ID: sura	gongane066@g	mail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81675 Chemist	try Paper XIV Cr. 2		_			
Optional Subjects:						
	elief. I understand				d correct to the best of my incorrect, my candidature is	
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly	Principal's Signation in the box show	ature & Seal (Please sign n below)	
Specimen Sigature:						

					2021038627				
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024									
To,				Form No. : 4	277946				
The DIRECTOR,	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR								
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.									
PRN: 202103862 ⁻	7 College: G	Gopal Krishna Ghokhale C	ollege,Kolhapur. , KO	LHAPUR					
Personal Information	on :			Mobile NO : 932	5804909				
Full Name: G	URAV GOURAV K	RISHNAT							
Write Name in De	evanagari (Marathi	i):							
Gender: Male	Religion: HIN	NDU Cast: GL	IRAV Physi	cal Disability NOT APF	PLICABLE				
Correspondence A	ddress:								
City		PIN Code:	Email ID: GKG	G@GMAIL.COM					
Study Center: N	I.A.								
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)				
SEM V), SEM VI)									
Subject Details : 3/5 79682 Chemis	try Paper IX Cr. 2		3/5 79683 Chemistry	/ Paper X Cr. 2					
3/5 79684 Chemis	try Paper XI Cr. 2		3/6 81667 English (0	Compulsory) Cr. 0					
3/6 81674 Chemis	try Paper XIII Cr. 2		3/6 81675 Chemistry	/ Paper XIV Cr. 2					
3/6 81676 Chemis	try Paper XV Cr. 2		3/6 81677 Chemistry	/ Paper XVI Cr. 2					
3/6 81678 Chemis	try Practical Cr. 8				I				
Optional Subjects:	:								
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.									
		Student's Signature (Plea	se sign strictly	Principal's Signature & S	Seal (Please sign				
Place:	Date:	in the box shown below)	-	in the box shown below)					
Specimen Sigature:									

						2	021035736	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
То,					Form No. :	4273	3947	
The DIRECTOR,	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR							
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021035736	6 College: G	opal Krishna Ghokhale C	College,Kolha	pur. , KOL	HAPUR			
Personal Information	on : URAV SANDESH I	BABURAO		I	Mobile NO : 8	76704	5226	
Write Name in De	evanagari (Marathi):						
Gender: Male	Religion: HI	NDU Cast: GU	JRAV	Physic	cal Disability NO	T APPLICA	BLE	
Correspondence A	ddress:							
RAJARAMPURI 1	4 LANE KOLHAPI	JR.						
City KOLHAPUR		PIN Code: 416001	Email	D: sand	eshgurav2003@gn	mail.com		
Study Center: N Fees Details:	I.A.			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)						(
Subject Details :								
3/5 79671 English	(Compulsory) Cr. 0		3/5 79682	Chemistry	Paper IX Cr. 2			
3/5 79683 Chemist	ry Paper X Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0			
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2			
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2			
3/6 81678 Chemist	ry Practical Cr. 8							
Optional Subjects:								
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	'	Principal's Signatu in the box shown b		lease sign	
Specimen Sigature:		,, ,,				-		

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,	Form No. : 4 2 7 0 8 8 0					
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERS	ITY,KOLHAPUR					
Sir,I request the permission to present myself at the B.Sc CBCS Semester March-2024 for the papers mentioned below.	VI (Chemistry) exam to be held in					
PRN: 2018026004 College: Gopal Krishna Ghokhale College, Kolhapur., KOLI	HAPUR					
Personal Information : N Full Name: HALSAVADE RUTIK DATTATRAY Write Name in Devanagari (Marathi):	lobile NO : 9975903892					
Gender: Male Religion: HINDU Cast: Maratha Physic	al Disability NOT APPLICABLE					
Correspondence Address:						
СНОКАК						
City Kolhapur PIN Code: 416012 Email ID: 123@	GMAIL.COM					
Study Center: N.A.						
Fees Details: Total Fee	₹: 0 (Uni.Fee. 0)					
SEM V), SEM VI)						
Subject Details :3/579682Chemistry Paper IX Cr. 23/681674Chemistry	Paper XIII Cr. 2					
3/6 81675 Chemistry Paper XIV Cr. 2 3/6 81676 Chemistry	Paper XV Cr. 2					
Optional Subjects:						
Declaration: I hereby declare that all statements made in this application are true knowledge and belief. I understand that in the event of any information being for liable to be cancelled or reject.						

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

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202100000	•

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024						
To,					Form No. : 4 2	78235
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI	UNIVER	SITY,KOLHAPUR	
	permission to pi r the papers mer		Sc CBCS Se	emester V	VI (Computer Science)	exam to be held
PRN: 2021038606	6 College: G	opal Krishna Ghokhale C	ollege,Kolhap	our. , KOI	LHAPUR	
Personal Information	on :				Mobile NO : 9021	504711
Full Name: HI	URAKNAVAR AKS					
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Lin	gayat	Physi	cal Disability NOT APPLI	CABLE
Correspondence A	ddress:					
City KANERIWAD)	PIN Code:	Email II	D: aksh	ayhurakanavar@gamail.co	m
Study Center: N	I.A.					
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79729 Comput	er Science Paper X	Cr. 2	3/6 81667	Enalish (C	Compulsory) Cr. 0	
3/6 81716 Comput	· · · · ·				Science Paper XIV Cr. 2	
3/6 81718 Comput					Science Paper XVI Cr. 2	
3/6 81720 Comput	er Science Practical	Cr. 8			· · · · ·	
Optional Subjects:						
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly		Principal's Signature & Sea in the box shown below)	l (Please sign
Specimen Sigature:						

					2020066537
		VAJI UNIVERSITY, KOLH ion Form for B.Sc CBCS Sem Examination, March-2	ester VI (C	chemistry)	
To,				Form No. :	4 2 7 2 9 1 3
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION, SHIV	AJI UNIVER	SITY,KOLHAPUR	
Sir,I request the March-2024 for t		present myself at the B.Sc CBC ned below.	CS Semest	er VI (Chemistry)	exam to be held in
PRN: 2020066537	College: G	opal Krishna Ghokhale College,Kolł	napur. , KO	HAPUR	
	DHAV ARPITA PR			Mobile NO : 7 2	2 1 9 6 9 3 2 5 2
Write Name in De	vanagarı (Marathi):			
Gender: Male	Religion: HIN	IDU Cast: MAHAR	Physi	cal Disability NOT	APPLICABLE
Correspondence A	ldress:				
1009/3 PLOT NO KOLHAPUR	45 SHIVGANGA C	OLONY JAVAL APPANG GRAH NIR	MAN SANS	HTA SANE GURUJ	I VASAHAT
City KOLHAPUR		PIN Code: 416007 Ema	il ID: jadh	avarpit@gmail.com	
Study Center: N	.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2	3/6 8167	75 Chemistry	Paper XIV Cr. 2	
Optional Subjects:					
	lief. I understand	all statements made in this applica that in the event of any informa			
Place:	Date:	Student's Signature (Please sign stric in the box shown below)	tly	Principal's Signatur in the box shown b	re & Seal (Please sign elow)

Specimen Sigature:

						2021038667
		ion Form for B.Sc CE Examination	CS Semes	ter VI (C	chemistry)	
То,					Form No. :	4 2 7 6 5 5 1
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	FION,SHIVAJ	I UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semest	er VI (Chemistry)	exam to be held
PRN: 2021038667	7 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur.,KOI	HAPUR	
	ADHAV AVISHKAR				Mobile NO : 7 S	922160048
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Ma	ıratha	Physi	cal Disability NOT	APPLICABLE
Correspondence A						
CHIKHALI, KAGA	L					
City KOLHAPUR		PIN Code: 416235	Email	D: AVIS	HKARJ764@GMAI	L.COM
Study Center: N	I.A.					
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683	Chemistry	Paper X Cr. 2	
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667	English (C	Compulsory) Cr. 0	
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	
3/6 81678 Chemist	ry Practical Cr. 8					
Optional Subjects:						
	elief. I understand	all statements made in t that in the event of a	ny informatio	on being		
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's Signatur in the box shown be	re & Seal (Please sign elow)
Specimen Sigature:						·

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							2021040343
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,					Form No.	: 42	77956
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	FION,SHIVAJ	I UNIVERS	SITY,KOLHAI	PUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chem	iistry) exar	n to be held in
PRN: 2021040343	3 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR		
Personal Information				Ν	Mobile NO :	8 8 5 7	961364
	ADHAV KARAN SH						
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	al Disability	NOT APPLI	CABLE
Correspondence A	ddress:						
City		PIN Code:	Email I	D: KARA	ANJADHAV19	95@GMAIL.C	OM
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0		(Uni.Fee. 0)
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/6 81667	English (C	ompulsory) Cr	. 0	
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr.	. 2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr.	. 2	
3/6 81678 Chemist	ry Practical Cr. 8						
Optional Subjects:							
	elief. I understand	all statements made in t that in the event of a					
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	'	Principal's Si in the box sh	-	l (Please sign
Specimen Sigature:							

					2021038621
A CONTRACTOR OF A CONTRACTOR O		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	•	Chemistry)	
То,				Form No. :	4 2 7 7 6 0 4
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	RSITY,KOLHAPUR	
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semes	ter VI (Chemistry)	exam to be held in
PRN: 202103862 ⁻	1 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KC	LHAPUR	
	on : ADHAV SAHIL SUF evanagari (Marathi			Mobile NO : 9 6 9	9193435
Gender: Male	Religion: HIN	-	ratha Phys	ical Disability NOT AF	PLICABLE
Correspondence A	ddress:				
City KOLHAPUR	I.A.	PIN Code:	Email ID: sure	endrajadhav2172@gma	il.com
Fees Details:			Total Fe	e₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79682 Chemist	rv Paper IX Cr. 2		3/5 79683 Chemistr	v Paper X Cr. 2	
3/5 79684 Chemist			3/6 81667 English (
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistr		
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 Chemistr	y Paper XVI Cr. 2	
3/6 81678 Chemist	ry Practical Cr. 8				
Optional Subjects:					
	elief. I understand	all statements made in t that in the event of a			
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature & in the box shown below	
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,			

						2020020797
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024						
To,					Form No. :	4 2 7 1 8 8 1
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVA	JI UNIVEF	RSITY,KOLHAPUR	
	permission to pr the papers men	esent myself at the B.s tioned below.	Sc CBCS	Semester	VI (Computer Sci	ience) exam to be held
PRN: 2020020797	7 College: G	opal Krishna Ghokhale C	ollege,Kolh	apur.,KO	LHAPUR	
Personal Information	on :				Mobile NO : 8	999681550
Full Name: JA	ADHAV SHUBHAM	SHAHAJI				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Phys	ical Disability NO	T APPLICABLE
Correspondence A	ddress:					
MARKET YARD						
City KOLHAPUR		PIN Code: 416005	Emai	l ID: shu	bhamjadhav@gma	il.com
Study Center: N	I.A.					
Fees Details:				Total Fee	e₹: 0	(Uni.Fee. 0)
SEM IV), SEM VI)						
Subject Details : 2/4 78908 Physics	Paper VII & VIII Cr.	8	2/4 78912	2 Statistics	Paper VII & VIII Cr.	8
2/4 78917 Compute	er Science. Paper VI	I & VIII Cr. 8	3/6 81717	Compute	r Science Paper XIV	Cr. 2
3/6 81720 Compute	er Science Practical	Cr. 8				
Optional Subjects:						
	lief. I understand					correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strict	ly	Principal's Signate	ure & Seal (Please sign below)
Specimen Sigature:						

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2021	040350
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A CONTRACTOR OF		IVAJI UNIVERSITN ation Form for B.Sc C Examination		(Physics)	
To,				Form No. :	4 2 7 7 9 6 0
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentio	present myself at the oned below.	B.Sc CBCS Seme	ster VI (Physics)	exam to be held in
PRN: 2021040350) College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR	
Personal Informatio	on : AMBHALE SURAJ	DHANAJI		Mobile NO: 7 2	2 6 2 9 1 2 4 2 5
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Phys	ical Disability NOT	APPLICABLE
Correspondence A	ddress:				
City		PIN Code:	Email ID: SUF	RAJJAMBHALE2631	0@GMAIL.COM
Study Center: N	I.A.				
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81668 Physics F	Paper XIII Cr. 2	
3/6 81669 Physics	Paper XIV Cr. 2		3/6 81670 Physics F	Paper XV Cr. 2	
3/6 81671 Physics	Paper XVI Cr. 2		3/6 81672 Physics F	Practical Cr. 8	
Optional Subjects:					
	elief. I understand			-	orrect to the best of my prrect, my candidature is
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature in the box shown be	e & Seal (Please sign elow)
Specimen Sigature:					

					2020029259		
A CONTRACTOR OF THE CONTRACTOR	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No.	4 2 7 1 8 8 3		
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	ATION,SHIVAJI UNIVER	SITY,KOLHAF	PUR		
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chem	istry) exam to be held in		
PRN: 2020029259	College : G	opal Krishna Ghokhale	College,Kolhapur. , KO	LHAPUR			
Personal Information	on :			Mobile NO :	9 5 5 2 8 8 3 6 8 5		
Full Name: JC	ONDHALE HARSH	AD VITTHAL					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	IDU Cast: N	HAVI Physi	cal Disability	NOT APPLICABLE		
Correspondence A	ddress:						
KHEBAVADE							
City KOLHAPUR		PIN Code: 416221	Email ID: hars	hadjondhale28	3@gmail.com		
Study Center: N	I.A.						
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	/ Paper XV Cr.	2		
Optional Subjects:							
	lief. I understand				and correct to the best of my or incorrect, my candidature is		
Place:	Date:	Student's Signature (Plea in the box shown below)		Principal's Signalis Signalis Signalises and the box shows the box shows a second structure of the box	gnature & Seal (Please sign own below)		
Specimen Sigature:							

							2021038016
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							S.
То,					Form No. :	427	6564
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVAJ		SITY,KOLHAPUF	र	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chemistr	y) exam	to be held in
PRN: 2021038016	6 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR		
	ADOLI RAMESH A			r	Mobile NO :	73872	49083
Write Name in De	evanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Oth	ner	Physic	al Disability N	OT APPLICA	\BLE
Correspondence A	ddress:						
KANERI							
City KOLHAPUR		PIN Code: 416234	Email	ID: RAM	ESHKADOLI321	@GMAIL.C	ОМ
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79683	Chemistry	Paper X Cr. 2		
3/5 79684 Chemist	try Paper XI Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0		
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2		
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2		
3/6 81678 Chemist	try Practical Cr. 8						
Optional Subjects:							
	elief. I understand	all statements made in t that in the event of a	ny informatio	on being f	ound false or i	ncorrect, m	y candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's Signa in the box shown		Please sign
Specimen Sigature:					·	,	

					2020029285	
A CALLER CONTRACTOR	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024					
To,				Form No. :	4 2 7 2 0 0 0	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION	N,SHIVAJI UNIVER	SITY,KOLHAPU	IR	
	e permission to he papers mentio	present myself at the B.S ned below.	c CBCS Semeste	er VI (Chemist	try) exam to be held in	
PRN: 202002928	5 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur.,KOl	LHAPUR		
Personal Information	on :			Mobile NO :	8767467628	
Full Name: K/	AKADE AMIT ANA	NDA				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Marath	a Physi	cal Disability N	NOT APPLICABLE	
Correspondence A	ddress:					
HUPARI						
City KOLHAPUR		PIN Code: 416203	Email ID: savit	akakade@gmai	l.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	:₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details :						
3/6 81675 Chemist			_			
Optional Subjects:						
	elief. I understand				d correct to the best of my incorrect, my candidature is	
Place:	Date:	Student's Signature (Please si in the box shown below)	gn strictly	Principal's Sign in the box show	ature & Seal (Please sign m below)	
Specimen Sigature:						

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2020041097	

					2020041097			
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 2 4 2 1			
The DIRECTOR, I	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPUR				
	permission to he papers mentio	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in			
PRN: 2020041097	College : G	Gopal Krishna Ghokhale C	ollege,Kolhapur. , KO	LHAPUR				
Personal Information	on :			Mobile NO: 9 3	70598621			
Full Name: K/	ALKUTKI HRUTIK	AMAR						
Write Name in De	vanagari (Marathi	i):						
Gender: Male	Religion: HIN	NDU Cast: VA	DAR Physi	cal Disability NOT	APPLICABLE			
Correspondence A	ddress:							
M S C B OFFICE								
City KOLHAPUR		PIN Code: 416008	Email ID: hruti	kkalkutaki@gmail.co	m			
Study Center: N	I.A.							
Fees Details:			Total Fee	:₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)								
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683 Chemistry	Paper X Cr. 2				
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	Paper XIV Cr. 2				
3/6 81676 Chemist	ry Paper XV Cr. 2							
Optional Subjects:								
	lief. I understand				orrect to the best of my prrect, my candidature is			
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature in the box shown be	e & Seal (Please sign low)			
Specimen Sigature:								

					2020020820				
A COLOR AND A COLO	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
То,				Form No. :	4 2 7 1 6 7 2				
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJI UNIVER	SITY,KOLHAPUR					
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in				
PRN: 2020020820	College: G	opal Krishna Ghokhale C	ollege,Kolhapur. , KO	LHAPUR					
Personal Information	on :			Mobile NO : 9 3	870769612				
Full Name: K/	ALYANKAR ONKA	R RAJENDRA							
Write Name in De	vanagari (Marathi):							
Gender: Male	Religion: HIN	IDU Cast: Otl	ner Physi	cal Disability NOT	APPLICABLE				
Correspondence A	ddress:								
POST DAWARE (GALLI								
City KOLHAPUR		PIN Code: 416234	Email ID: omk	arkalyankar981@gm	nail.com				
Study Center: N	I.A.								
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)				
SEM V), SEM VI)									
Subject Details : 3/5 79685 Chemist	ry Paper XII Cr. 2		3/6 81675 Chemistry	/ Paper XIV Cr. 2					
Optional Subjects:									
	lief. I understand				orrect to the best of my prrect, my candidature is				
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature in the box shown be	e & Seal (Please sign elow)				
Specimen Sigature:									

					2020047748			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No. :	4 2 7 2 5 1 7			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION	SHIVAJI UNIVER	SITY,KOLHAPU	JR			
	e permission to he papers mentic	present myself at the B.Sc ned below.	CBCS Semest	er VI (Chemis	try) exam to be held in			
PRN: 2020047748	B College: G	opal Krishna Ghokhale Colleg	e,Kolhapur. , KO	LHAPUR				
	AMBALIMATH PR	AVEEN VEERAYYA		Mobile NO :	7 3 5 0 9 8 5 6 1 9			
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Maratha	e Physi	cal Disability 🕴	NOT APPLICABLE			
Correspondence A	ddress:							
KANERI								
City KOLHAPUR		PIN Code: 416001	Email ID: prav	eenkambalimath	n7@gmail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2							
Optional Subjects:								
	lief. I understand				nd correct to the best of my incorrect, my candidature is			
Place:	Date:	Student's Signature (Please sig in the box shown below)	n strictly	Principal's Sigr in the box show	nature & Seal (Please sign vn below)			
Specimen Sigature:								

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2020020311	

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
То,				Form No. :	4 2 7 1 8 0 2			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION	N,SHIVAJI UNIVER	SITY,KOLHAP	UR			
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2020020917 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR								
Personal Information	on :		I	Nobile NO :	9 2 8 4 8 4 4 3 9 8			
Full Name: K	AMBLE ANIKET A	SHOK						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: MAHA	R Physi c	al Disability	NOT APPLICABLE			
Correspondence A	ddress:							
BHIM NAGAR								
City KOLHAPUR		PIN Code: 416202	Email ID: kamb	leaniket1711@)gmail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2	3/	6 81676 Chemistry	Paper XV Cr. 2	2			
Optional Subjects:								
	lief. I understand				nd correct to the best of my r incorrect, my candidature is			
Place:	Date:	Student's Signature (Please si in the box shown below)	gn strictly	Principal's Sig in the box sho	nature & Seal (Please sign wn below)			
Specimen Sigature:								

						2021038057	7		
REAL REAL REAL REAL REAL REAL REAL REAL	Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,					Form No. :	4 2 7 6 7 1 8			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	FION,SHIVAJ	I UNIVERS	SITY,KOLHAPUR				
· · ·	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chemistry)	exam to be held	1 in		
PRN: 2021038057	7 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR				
	on : AMBLE ANUSH AI evanagari (Marathi			Ν	Nobile NO : 7	7 5 8 0 0 7 2 7 3			
Gender: Male	Religion: HI	NDU Cast: MA	HAR	Physic	al Disability NO	TAPPLICABLE			
Correspondence A	ddress:								
1ST BUS STOP F	ULEWADI								
City KOLHAPUR		PIN Code: 416010	Email	D: ANUS	SHKAMBLE97@G	MAIL.COM			
Study Center: N	I.A.								
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)	1		
SEM V), SEM VI)									
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79683	Chemistry	Paper X Cr. 2				
	ry Paper XI Cr. 2				ompulsory) Cr. 0				
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2				
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2				
3/6 81678 Chemist	ry Practical Cr. 8								
Optional Subjects:									
	elief. I understand	all statements made in t that in the event of a	ny informatio	on being f					
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	'	Principal's Signatu in the box shown b	ire & Seal (Please sign below)			
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,							

						2020020853		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No.	: 4 2	7 1 8 4 7		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION,S	SHIVAJI UNIVER	SITY,KOLHA	PUR			
· ·	e permission to he papers mentic	present myself at the B.Sc ned below.	CBCS Semeste	er VI (Chem	nistry) exar	m to be held in		
PRN: 2020020853	3 College: G	opal Krishna Ghokhale College	,Kolhapur. , KOl	HAPUR				
Personal Information Full Name: Ka Write Name in De	AMBLE ASHISH K			Mobile NO :	7757	851029		
Gender: Male	Religion: HIN	NDU Cast: MAHAR	Physic	cal Disability	NOT APPLI	CABLE		
Correspondence A	ddress:							
TAMGAON								
City KOLHAPUR		PIN Code: 416234	Email ID: ashis	shkamble@gr	nail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0		(Uni.Fee. 0)		
SEM VI)								
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2							
Optional Subjects:								
	elief. I understand	all statements made in this ap that in the event of any inf						
Place:	Date:	Student's Signature (Please sign in the box shown below)	strictly	Principal's S in the box sh		al (Please sign		
Specimen Sigature:								

						2021040	691	
A CONTRACTOR OF A CONTRACTOR O	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,					Form No. :	427706	1	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ		SITY,KOLHAPUR	ł		
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chemistry	y) exam to be l	held in	
PRN: 202104069 ⁻	1 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR			
Personal Information	on : AMBLE AVINASH	MAHADEV		I	Mobile NO : 8	8 4 8 3 9 1 7 8 9	6	
Write Name in De	evanagari (Marathi):						
Gender: Male	Religion: HI	NDU Cast: MA	HAR	Physic	al Disability NC)T APPLICABLE		
Correspondence A	ddress:							
UJALAIWADI								
City KOLHAPUR		PIN Code: 416004	Email	ID: AVIN	ASHKAMBLE848	33917896@GMAIL.C	ЮМ	
Study Center: N	I.A.							
Fees Details:				Total Fee	₹: 0	(Uni.Fee	÷. 0)	
SEM V), SEM VI)								
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682	Chemistry	Paper IX Cr. 2			
3/5 79683 Chemist	try Paper X Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0			
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2			
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2			
3/6 81678 Chemist	try Practical Cr. 8							
Optional Subjects:								
	elief. I understand	all statements made in t that in the event of a						
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's Signat in the box shown	ture & Seal (Please siç below)	jn	
Specimen Sigature:		······································						

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,					Form No	.: 4 2	77945
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVA.		SITY,KOLHA	PUR	
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Cher	nistry) exai	m to be held in
PRN: 202103862	5 College: G	opal Krishna Ghokhale(College,Kolha	pur. , KOL	HAPUR		
	on : AMBLE PRAMOD evanagari (Marathi			ſ	Nobile NO :	7058	389807
Gender: Male	Religion: HIN	NDU Cast: M/	AHAR	Physic	al Disability		CABLE
Correspondence A	ddress:						
City Study Center: N	I.A.	PIN Code:	Email	id: Pak(@gmail.cc	9M	
Fees Details: SEM V), SEM VI) Subject Details :			1 aug. 70683	Total Fee		2	(Uni.Fee. 0)
3/5 79671 English 3/5 79683 Chemist	try Paper X Cr. 2				Paper IX Cr. Paper XI Cr.		
	try Paper XII Cr. 2		3/6 81667		ompulsory) C		
	try Paper XIII Cr. 2		·		Paper XIV C		
3/6 81676 Chemist					Paper XVI C		
3/6 81678 Chemist			0,0 01011	enemetry			
Optional Subjects:	-						
	elief. I understand	all statements made in that in the event of a					•
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/		Signature & Sea hown below)	al (Please sign
Specimen Sigature:							

					2020020803	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No.	: 4271971	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION	I,SHIVAJI UNIVER	SITY,KOLHAI	PUR	
	e permission to he papers mentic	present myself at the B.S ned below.	c CBCS Semeste	er VI (Chem	istry) exam to be held in	
PRN: 2020020803	3 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur.,KOL	HAPUR		
Personal Information	on :			Mobile NO :	7 2 1 8 2 2 9 2 4 1	
Full Name: KA	AMBLE RAKESH I	DATTATRAY				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	IDU Cast: MAHAI	R Physic	al Disability	NOT APPLICABLE	
Correspondence A	ddress:					
HARIJAN WADA						
City KOLHAPUR		PIN Code: 416209	Email ID: Kam	olerakesh498	@gmail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		_			
Optional Subjects:						
	lief. I understand	that in the event of any i	nformation being		and correct to the best of my or incorrect, my candidature is	
Place:	Date:	Student's Signature (Please si in the box shown below)	gn strictly	Principal's Si in the box sh	gnature & Seal (Please sign own below)	
Specimen Sigature:						

					2020060)536
A CONTRACTOR OF A CONTRACTOR O		VAJI UNIVERSITY, KOL ion Form for B.Sc CBCS Sen Examination, March	nester VI (C	hemistry)		3
To,				Form No	4272850	0
The DIRECTOR, E	BOARD OF EXAM	INATIONS AND EVALUATION, SHI	VAJI UNIVER	SITY,KOLHA	APUR	
Sir,I request the March-2024 for th		present myself at the B.Sc CE ned below.	3CS Semeste	er VI (Cher	mistry) exam to be l	held in
PRN: 2020060536	6 College: G	opal Krishna Ghokhale College,Ko	olhapur. , KOI	.HAPUR		
Personal Informatio Full Name: KA Write Name in De	AMBLE VIVEK PIN			Mobile NO :	913080901	1
Gender: Male	Religion: HIN	IDU Cast: MAHAR	Physic	al Disability	y NOT APPLICABLE	
Correspondence Ac	ddress:					
KAMBALE GALLI	AT AVALI KH					
City kolhapur		PIN Code: 416211 Em	ail ID: vive	kamble@gn	nail.com	
Study Center: N	I.A.					
Fees Details: SEM IV), SEM V),	SEM VI)		Total Fee	₹: 0	(Uni.Fee	÷. 0)
Subject Details : 2/4 78928 ENVIRO	NMENTAL STUDIES	S Cr. 0 3/5 79	682 Chemistry	Paper IX Cr.	.2	
3/6 81675 Chemist	ry Paper XIV Cr. 2					
Optional Subjects:						
	lief. I understand	Il statements made in this appli that in the event of any inform	nation being	found false	or incorrect, my candic	dature is
Place:	Date:	Student's Signature (Please sign sti in the box shown below)	ictly		Signature & Seal (Please siç hown below)	<u>yn</u>
Specimen					,	

Sigature:

2020029292

					2020029292
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024					
To,				Form No.	: 4271878
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION, SHIVA	JI UNIVERS	ITY,KOLHA	PUR
	e permission to he papers mentio	present myself at the B.Sc CBC ned below.	S Semeste	r VI (Chem	nistry) exam to be held in
PRN: 2020029292	2 College: G	opal Krishna Ghokhale College,Kolh	apur.,KOL	HAPUR	
Personal Information	on :		Ν	lobile NO :	9604944156
Full Name: KA	ANBARKAR NIKH	IL NILESH			
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	NDU Cast: Maratha	Physic	al Disability	NOT APPLICABLE
Correspondence A	ddress:				
SHIROLI PULACH	41				
City KOLHAPUR		PIN Code: 416122 Emai	i l ID: nikhill	kanbarkar336	6@gmail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2	3/6 8167	4 Chemistry	Paper XIII Cr.	.2
3/6 81675 Chemist	ry Paper XIV Cr. 2				
Optional Subjects:					
	elief. I understand	all statements made in this applica that in the event of any informa	tion being f	ound false o	or incorrect, my candidature is
Place:	Date:	Student's Signature (Please sign stric in the box shown below)	tly	Principal's Si in the box sh	ignature & Seal (Please sign own below)
Specimen		,			· ··· · ,

Sigature:

							2021037743
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,					Form No. :	427	6360
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI U	JNIVERS	ITY,KOLHAPUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021037743	3 College: G	opal Krishna Ghokhale C	ollege,Kolhapur	r. , KOLł	HAPUR		
Personal Information	on :			м	obile NO : 9	51180	04230
Full Name: K	ANIRE PRITESH	MAHAVIR					
Write Name in De	evanagari (Marathi):					
Gender: Male	Religion: JA	IN Cast: Oth	ier	Physica	al Disability NC)T APPLICA	BLE
Correspondence A	ddress:						
INGALI							
City KOLHAPUR		PIN Code: 416202	Email ID:	PRITE	SHKANIRE1@C	GMAIL.COM	1
Study Center: N	I.A.						
Fees Details:			To	otal Fee ₹	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682 C	hemistry F	Paper IX Cr. 2		
3/5 79683 Chemist	try Paper X Cr. 2		3/5 79684 C	hemistry F	Paper XI Cr. 2		
3/5 79685 Chemist	try Paper XII Cr. 2		3/6 81667 Er	nglish (Co	mpulsory) Cr. 0		
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675 C	hemistry F	Paper XIV Cr. 2		
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677 CI	hemistry F	Paper XVI Cr. 2		
3/6 81678 Chemist	try Practical Cr. 8						
Optional Subjects:							
	elief. I understand	all statements made in t that in the event of a					
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly		Principal's Signat in the box shown		Please sign
Specimen Sigature:							

					2021037907	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,				Form No. : 4 2	76470	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVEF	RSITY,KOLHAPUR		
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semes	ter VI (Chemistry) exar	n to be held in	
PRN: 2021037907	7 College: G	opal Krishna Ghokhale (College,Kolhapur.,KO	LHAPUR		
Personal Information	on :			Mobile NO : 9 3 7 3	032236	
Full Name: K	ANIRE SARTHAK	SANJAY				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: SH	IIMPI Phys	ical Disability NOT APPLI	CABLE	
Correspondence A	ddress:					
KOLHAPUR						
City KOLHAPUR		PIN Code: 416012	Email ID: SAF	RTHAKKANIRE3@GMAIL.C	СОМ	
Study Center: N	I.A.					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)						
Subject Details :						
3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683 Chemistr	y Paper X Cr. 2		
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667 English (Compulsory) Cr. 0		
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry Paper XIV Cr. 2			
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 Chemistr	y Paper XVI Cr. 2		
3/6 81678 Chemist	ry Practical Cr. 8					
Optional Subjects:						
				rue complete and correct		
liable to be cancelle		I THAT IN THE EVENT OF A	ing information being	found false or incorrect,	my candidature is	
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature & Sea in the box shown below)	l (Please sign	
Specimen Sigature:		, 				

							2021038651
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,					Form No. :	427	7954
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.						to be held in
PRN: 202103865 ⁻	1 College: G	Gopal Krishna Ghokhale C	College,Kolha	pur. , KOL	HAPUR		
Personal Information	on : APASE DIGVIJAY	SHAHAJI		N	lobile NO :	91468	39756
Write Name in De	vanagari (Marathi	i):					
Gender: Male	Religion: HI	NDU Cast: Ma	aratha	Physic	al Disability N	IOT APPLIC	ABLE
Correspondence A	ddress:						
City		PIN Code:	Email	id: Digv	IJAYKAPASE74	@GMAIL.C	ЮМ
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683	Chemistry	Paper X Cr. 2		
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667	English (Co	ompulsory) Cr. 0		
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2		
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2		
3/6 81678 Chemist	ry Practical Cr. 8						
Optional Subjects:							
	elief. I understand	all statements made in I that in the event of a					
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/	Principal's Signa in the box show		(Please sign
Specimen Sigature:						,	

						2021040498
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,					Form No. :	4 2 7 7 9 6 2
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR						
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.					
PRN: 2021040498	PRN: 2021040498 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR					
Personal Information	on :			r	Nobile NO : 8 {	530981741
Full Name: K	APASE RAJVARD	HAN ANIL				
Write Name in De	vanagari (Marathi	i):				
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	al Disability NOT	APPLICABLE
Correspondence A	ddress:					
City		PIN Code:	Email	ID: RAJK	APASE1741@GM	AIL.COM
Study Center: N	I.A.					
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79683	Chemistry	Paper X Cr. 2	
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0	
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	
3/6 81678 Chemist	ry Practical Cr. 8					
Optional Subjects:						
	elief. I understand					correct to the best of my orrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictl	у	Principal's Signatur in the box shown be	re & Seal (Please sign elow)
Specimen Sigature:						·

						2020049148
A CONTRACTOR		IVAJI UNIVERSITY, tion Form for B.Sc CBC Examination,	CS Semester VI (C	Chemistry)		S
То,				Form No.	: 4 2	7 2 5 6 1
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATI	ON,SHIVAJI UNIVER	SITY,KOLHA	PUR	
	e permission to he papers mentic	present myself at the B oned below.	S.Sc CBCS Semest	er VI (Chem	iistry) exar	m to be held in
PRN: 2020049148	3 College: G	Sopal Krishna Ghokhale Co	llege,Kolhapur.,KO	LHAPUR		
	on : ARANDE ADITYA evanagari (Marathi			Mobile NO :	7030	365769
Gender: Male	Religion: HI	·	er Phys i	cal Disability	NOT APPLI	CABLE
Correspondence Ar KADAMWADI City KOLHAPUR Study Center: N Fees Details: SEM V) Subject Details : 3/5 79685 Chemist	I.A.	PIN Code: 416003	Email ID: adity Total Fee	/akarnde@gm e≹: 0	ail.com	(Uni.Fee. 0)
Optional Subjects:						
	elief. I understand	all statements made in th I that in the event of an		•		•
Place:	Date:	Student's Signature (Please in the box shown below)	e sign strictly	Principal's Si in the box sh	-	al (Please sign
Specimen Sigature:						

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						2021040941	
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Zoology) Examination, March-2024						
То,					Form No. :	4 2 7 7 7 7 3	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	FION,SHIVAJ		SITY,KOLHAPUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Zoology) exam to be held in March-2024 for the papers mentioned below.							
PRN: 202104094	1 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR		
Personal Information	on :			I	Mobile NO : 7	058120686	
Full Name: K	ASUTE KIRAN SH	IVAJI					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	cal Disability NC	DT APPLICABLE	
Correspondence A	ddress:						
KOLHAPUR							
City KOLHAPUR		PIN Code: 416012	Email	ID: KAR	ANKASUTE589@	GMAIL.COM	
Study Center: N	I.A.					(
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)							
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79693	Zoology P	aper IX Cr. 2		
3/5 79696 Zoology	Paper XII Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0		
3/6 81686 Zoology	Paper XIII Cr. 2		3/6 81687	Zoology P	aper XIV Cr. 2		
3/6 81688 Zoology	Paper XV Cr. 2		3/6 81689	Zoology P	aper XVI Cr. 2		
3/6 81690 Zoology	Practical Cr. 8		•				
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's Signati in the box shown	ure & Seal (Please sign below)	
Specimen Sigature:							

					2020025935			
AND	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 1 8 8 5			
The DIRECTOR, I	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
	permission to he papers mentic	present myself at the E ned below.	3.Sc CBCS Semest	er VI (Chemistr	y) exam to be held in			
PRN: 2020025935	5 College: G	opal Krishna Ghokhale Co	bllege,Kolhapur., KO	LHAPUR				
Personal Information	on :			Mobile NO :	9503000882			
Full Name: K/	ATKAR SATISH RA	JARAM						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	IDU Cast: NH/	AVI Phys	ical Disability N	OT APPLICABLE			
Correspondence A	ddress:							
SULKUD								
City KOLHAPUR		PIN Code: 416216	Email ID: satis	shkatkar1045@gr	nail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)								
Subject Details : 3/5 79685 Chemist	rv Paper XII Cr. 2		3/6 81675 Chemistr	v Paper XIV Cr. 2				
3/5 79685 Chemistry Paper XII Cr. 2 Optional Subjects: 3/6 81675 Chemistry Paper XIV Cr. 2								
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signa in the box shown	tture & Seal (Please sign า below)			
Specimen Sigature:								

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A CONTRACTOR OF A CONTRACTOR O	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,				Form No. : 4	277959		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	LION,SHIVAJI UNIVER	RSITY,KOLHAPUR			
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semes	ter VI (Chemistry) ex	am to be held in		
PRN: 202104034	7 College: G	Gopal Krishna Ghokhale C	ollege,Kolhapur.,KC	DLHAPUR			
Personal Information	on :			Mobile NO: 7058	3 2 9 4 1 5 3		
Full Name: K	ESARKAR SOURA	ABH SURESH					
Write Name in De	evanagari (Marathi	i):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Phys	ical Disability NOT APP	LICABLE		
Correspondence A	ddress:						
City		PIN Code:	Email ID: SO	URABHKESARKAR@GM	AIL.COM		
Study Center: N	J.A.						
Fees Details:			Total Fe	e₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)				•	()		
Subject Details : 3/5 79682 Chemist	trv Paper IX Cr. 2		3/5 79683 Chemisti	v Paper X Cr. 2			
3/5 79684 Chemist			3/6 81667 English (
3/6 81674 Chemistry Paper XIII Cr. 2 3/6 81675 Chemistry Paper XIV Cr. 2 3/6 81676 Chemistry Paper XV Cr. 2 3/6 81677 Chemistry Paper XVI Cr. 2							
3/6 81678 Chemist				<u>, spor / vi 01.2</u>			
Optional Subjects:							
Declaration: I berefy declare that all statements made in this application are true complete and correct to the best of my							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is							
liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature & S in the box shown below)	eal (Please sign		
Specimen				· · · · · · · · · · · · · · · · · · ·			
Sigature:							

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					2018080800	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. :	4 2 7 0 9 3 6	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPU	R	
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemisti	ry) exam to be held in	
PRN: 2018080800) College: G	opal Krishna Ghokhale(College,Kolhapur. , KO	LHAPUR		
Personal Informatic Full Name: Kł Write Name in De	HADE SURAJ ARI			Mobile NO :	7 4 4 7 2 7 1 7 1 8	
Gender: Male	Religion: HI	NDU Cast: Ma	aratha Physi	cal Disability N	IOT APPLICABLE	
Correspondence A	ldress:					
SHIVAJI PETH						
City KOLHAPUR		PIN Code: 416012	Email ID: rrwo	rld.gamezone@g	gmail.com	
Study Center: N	.A.					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)						
Subject Details : 3/5 79685 Chemist	ry Paper XII Cr. 2		3/6 81675 Chemistry	/ Paper XIV 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 (Plea in the box shown below)	se sign strictly	Principal's Signa in the box show	ature & Seal (Please sign n below)	
Specimen Sigature:						

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SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No. :	4 2 7 1 7 1 5			
The DIRECTOR, BO	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2020020866	College: G	opal Krishna Ghokhale	College,Kolhapur.,KO	LHAPUR				
Personal Information Full Name: KHC Write Name in Deva	OCHAGE NANDE			Mobile NO :	7 6 2 0 3 8 9 7 2 2			
Gender: Male	Religion: HIN	NDU Cast: M	aratha Physi	cal Disability N	OT APPLICABLE			
Correspondence Add	ress:							
HALSAWADE								
City KOLHAPUR		PIN Code: 416202	Email ID: nand	deepkhochage@g	gmail.com			
Study Center: N.A	۹.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)								
Subject Details : 3/5 79685 Chemistry	Paper XII Cr. 2		3/6 81675 Chemistr	/ Paper XIV 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 (Plea in the box shown below)	ase sign strictly	Principal's Signa in the box show	ature & Seal (Please sign n below)			
Specimen Sigature:								

					2021038628		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. : 4	277948		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	ION,SHIVAJI UNIVER	SITY,KOLHAPUR			
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chemistry) ex	xam to be held in		
PRN: 2021038628	3 College: G	Gopal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR			
Personal Information Full Name: Kl	on : HONDRE OMKAR	PRAKASH		Mobile NO : 9 4 0	3603884		
Write Name in De	vanagari (Marathi	i):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT APP	PLICABLE		
Correspondence A City Study Center: N		PIN Code:	Email ID: OM	KARKHONDRE674@GM	IAIL.COM		
Fees Details: SEM IV), SEM V),	SEM VI)		Total Fee	ə₹: O	(Uni.Fee. 0)		
Subject Details : 2/4 78909 Chemist	ry Paper VII & VIII(Cr. 8	3/5 79682 Chemistry	/ Paper IX Cr. 2			
3/5 79683 Chemist	ry Paper X Cr. 2		3/5 79684 Chemistry	/ Paper XI Cr. 2			
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistry	/ Paper XIII Cr. 2			
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	/ Paper XV Cr. 2			
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistry	Practical Cr. 8			
Optional Subjects:							
	elief. I understand	all statements made in t I that in the event of a					
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature & S in the box shown below)			
Specimen Sigature:							

					2020020911
		VAJI UNIVERSITY ion Form for B.Sc CB Examination,	CS Semester VI (C	Chemistry)	
To,				Form No. :	4 2 7 1 9 5 0
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentio	present myself at the E ned below.	3.Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 2020020911	College: G	opal Krishna Ghokhale Co	ollege,Kolhapur. , KO	LHAPUR	
		MESH DATTATRAY		Mobile NO : 9	0 4 9 8 0 5 3 2 7
White Name in De	anagan (maratin				
Gender: Male	Religion: HIN	IDU Cast: Mar	atha Physi	cal Disability NOT	APPLICABLE
Correspondence A	ddress:				
City KOLHAPUR		PIN Code: 416232	Email ID: prath	nameshkhondre538	1@gmail.com
Study Center: N	I.A.				
Fees Details: SEM VI)			Total Fee	e₹: 0	(Uni.Fee. 0)
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2				
Optional Subjects:					
	elief. I understand				correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signatur	re & Seal (Please sign elow)
Specimen		·····,			,

					2020020300			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No.	: 4271970			
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAF	PUR			
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.								
PRN: 202002096	3 College: G	Gopal Krishna Ghokhale (College,Kolhapur. , KO	HAPUR				
Personal Information	on :			Mobile NO :	7 0 3 8 7 9 9 3 9 3			
Full Name: K		/IRAJ EKANATH						
Write Name in De	vanagari (Marathi	i):						
Gender: Male	Religion: HI	NDU Cast: Ma	aratha Physi	cal Disability	NOT APPLICABLE			
Correspondence A	ddress:							
EKONDI								
City KOLHAPUR		PIN Code: 416004	Email ID: prut	nvirajekanathk	hondre@gmail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	Paper XIV Cr.	. 2			
Optional Subjects:								
	lief. I understand				and correct to the best of m or incorrect, my candidature i			
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Sig	gnature & Seal (Please sign own below)			
Specimen Sigature:								

					2021037974			
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No. : 4 2	276503			
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR								
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry) exa	am to be held in			
PRN: 2021037974	4 College: G	opal Krishna Ghokhale C	College,Kolhapur.,KO	LHAPUR				
Personal Information	on :			Mobile NO: 9834	587408			
Full Name: KI	HOT MANDAR SU	BHASH						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HI	NDU Cast: Ma	iratha Physi	ical Disability NOT APPI	LICABLE			
Correspondence A	ddress:							
SULKUD								
City KOLHAPUR		PIN Code: 416216	Email ID: MS	@GMAIL.COM				
Study Center: N	I.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)								
Subject Details :								
3/5 79671 English	(Compulsory) Cr. 0		3/5 79683 Chemistr	y Paper X Cr. 2				
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667 English (0	Compulsory) Cr. 0				
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistr	y Paper XIV Cr. 2				
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 Chemistr	y Paper XVI Cr. 2				
3/6 81678 Chemist	ry Practical Cr. 8							
Optional Subjects:								
knowledge and be	elief. I understand			ue complete and correct found false or incorrect				
liable to be cancelle	ed or reject.	Student's Signature (Plea	so sign strictly	Principal's Signature & Se	al (Ploaso sign			
Place:	Date:	in the box shown below)	se sign strictly	in the box shown below)	ai (mease sign			
Specimen Sigature:								

2021038031

						2021036031
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,					Form No. :	4 2 7 6 6 4 6
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ	I UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chemistry)) exam to be held in
PRN: 202103803	1 College: G	opal Krishna Ghokhale C	College,Kolha	pur., KOI	HAPUR	
Personal Information	on :				Mobile NO : 8	4 5 9 9 8 2 9 6 7
Full Name: K	HOT SANKET DH	ANAJI				
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: Hit	NDU Cast: Ma	aratha	Physic	cal Disability NO	TAPPLICABLE
Correspondence A	ddress:					
KHOTWADI						
City KOLHAPUR		PIN Code: 416205	Email I	D: SDK	@GMAIL.COM	
Study Center: N	I.A.					
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682	Chemistry	Paper IX Cr. 2	
	try Paper X Cr. 2				Paper XI Cr. 2	
	(Compulsory) Cr. 0				Paper XIII Cr. 2	
3/6 81675 Chemist					Paper XV Cr. 2	
3/6 81677 Chemist	• •				Practical Cr. 8	
Optional Subjects:			1 0/0 010/0	Shormoury		
	elief. I understand					correct to the best of my correct, my candidature is
	-	Student's Signature (Plea	se sign strictly	'		ıre & Seal (Please sign
Place:	Date:	in the box shown below)			in the box shown b	pelow)
Specimen Sigature:						

						2020020662	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				F	Form No. :	4 2 7 1 9 9 7	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY	,KOLHAPUR		
	e permission to he papers mentio	present myself at the B.S ned below.	Sc CBCS Semeste	er V	/I (Chemistry)	exam to be held in	
PRN: 2020020882	2 College: G	opal Krishna Ghokhale Colle	ege,Kolhapur.,KOL	LHAF	PUR		
Personal Information	on :			Mobi	ile NO : 9	764440074	
Full Name: K	DLEKAR OMKAR	KARTIK					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	IDU Cast: DHAN	GAR Physic	cal D	Disability NOT	APPLICABLE	
Correspondence A	ddress:						
HERLE							
City KOLHAPUR		PIN Code: 416005	Email ID: omka	arkol	lekar@gmail.co	im	
Study Center: N	I.A.						
Fees Details:			Total Fee	₹:	0	(Uni.Fee. 0)	
SEM V)							
Subject Details : 3/5 79684 Chemist	ry Paper XI Cr. 2		_				
Optional Subjects:							
	elief. I understand	all statements made in this that in the event of any					
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly		ncipal's Signatu he box shown b	re & Seal (Please sign elow)	
Specimen Sigature:							

						2021040891
AND THE REAL PROPERTY OF THE R		IVAJI UNIVERSITY ion Form for B.Sc CB Examination		r VI (C	hemistry)	
To,					Form No. :	4 2 7 7 7 5 4
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI U	NIVERS	SITY,KOLHAPUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS S	emeste	r VI (Chemistry)	exam to be held in
PRN: 202104089	1 College: G	opal Krishna Ghokhale C	ollege,Kolhapur	., KOL	HAPUR	
	on : ONDEKAR AKASH evanagari (Marathi			N	Nobile NO : 9	8 3 4 5 8 2 4 0 8
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	al Disability NO	TAPPLICABLE
Correspondence A	ddress:					
SULKUD						
City KOLHAPUR		PIN Code: 416216	Email ID:	AAK@	DGMAIL.COM	
Study Center: N	I.A.					
Fees Details:			То	tal Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682 Ch	nemistry	Paper IX Cr 2	
	try Paper X Cr. 2		3/5 79684 Ch			
	(Compulsory) Cr. 0				Paper XIII Cr. 2	
3/6 81675 Chemis	try Paper XIV Cr. 2		3/6 81676 Ch	nemistry	Paper XV Cr. 2	
3/6 81677 Chemis			3/6 81678 Ch	nemistry	Practical Cr. 8	
Optional Subjects:						
Declaration: I here	by declare that a					correct to the best of m
liable to be cancelle			-	beilig li		
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly		Principal's Signatu in the box shown b	ire & Seal (Please sign below)
Specimen Sigature:						

					2020029310			
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No. :	4 2 7 1 8 8 0			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION, SH	IIVAJI UNIVER	SITY,KOLHAP	UR			
	e permission to he papers mentic	present myself at the B.Sc C ned below.	BCS Semest	er VI (Chemis	stry) exam to be held in			
PRN: 2020029310	College: G	opal Krishna Ghokhale College,k	olhapur. , KO	LHAPUR				
Personal Informatio	on : DRAKE SOHAM S			Mobile NO :	0 0 0 0 0 0 0 0 0 0 0			
	vanagari (Marathi							
	wanagan (waratin	J.						
Gender: Male	Religion: HIN	NDU Cast: Maratha	Physi	cal Disability	NOT APPLICABLE			
Correspondence A	ddress:							
MANDHAPUR								
City KOLHAPUR		PIN Code: 413304 E	mail ID: soha	amkorake690@	amail.com			
Study Center: N	I.A.		-	0	<u>.</u>			
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)					(
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2	3/6 8	1674 Chemistry	/ Paper XIII Cr. 2	2			
3/6 81675 Chemist				•				
Optional Subjects:								
	elief. I understand	all statements made in this app that in the event of any infor	mation being	•				
Place:	Date:	Student's Signature (Please sign s in the box shown below)	trictly	Principal's Sig in the box sho	nature & Seal (Please sign wn below)			
Specimen Sigature:								

						2021040869	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,					Form No. :	4 2 7 7 5 4 7	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI U	NIVERS	SITY,KOLHAPUR		
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS S	Semeste	r VI (Chemistry)	exam to be held in	
PRN: 202104086	9 College : G	opal Krishna Ghokhale (College,Kolhapur	r., KOL	HAPUR		
	on : UDACHIKAR AKS evanagari (Marathi			N	lobile NO : 9 2	284058577	
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	al Disability NOT	APPLICABLE	
Correspondence A	ddress:						
KOLHAPUR							
City KOLHAPUR		PIN Code: 416012	Email ID:	ASK@	GMAIL.COM		
Study Center: N	I.A.						
Fees Details:			To	tal Fee	₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)							
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682 CI	hemistry	Paper IX Cr. 2		
3/5 79683 Chemist	try Paper X Cr. 2		3/5 79684 CI	hemistry	Paper XI Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 CI	hemistry	Paper XIII Cr. 2		
3/6 81675 Chemist	try Paper XIV Cr. 2		3/6 81676 CI	hemistry	Paper XV Cr. 2		
3/6 81677 Chemist	try Paper XVI Cr. 2		3/6 81678 CI	hemistry	Practical Cr. 8		
Optional Subjects:							
	elief. I understand				•	orrect to the best of my prrect, my candidature is	
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Signatur in the box shown be	e & Seal (Please sign elow)	
Specimen Sigature:						· · · /	

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					2021040801				
the second secon	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Geology) Examination, March-2024								
To,				Form No. :	4 2 7 7 0 6 8				
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR					
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Geology)	exam to be held in				
PRN: 202104080 ⁷	l College: G	opal Krishna Ghokhale C	ollege,Kolhapur. , KOl	HAPUR					
	on : JMBHAR RATNES vanagari (Marathi			Mobile NO : 8 2	2 0 8 9 8 4 7 8 7				
Gender: Male	Religion: HIN	NDU Cast: KU	MBHAR Physi	cal Disability NOT	APPLICABLE				
Correspondence A	ddress:								
City KKOLHAPUF Study Center: N		PIN Code: 416013	Email ID: RRK	@GMAIL.COM					
Fees Details: SEM VI)			Total Fee	₹: 0	(Uni.Fee. 0)				
Subject Details :			3/6 81698 Geology F						
3/6 81667 English	· · · · · · · · · · · · · · · · · · ·			•					
	Paper XIV Cr. 2		3/6 81700 Geology F						
3/6 81701 Geology Optional Subjects:			3/6 81702 Geology F						
	elief. I understand				correct to the best of my prrect, my candidature is				
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	e & Seal (Please sign elow)				
Specimen		,			-				

2021040758

						2021040758		
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,					Form No. :	4 2 7 7 9 2 8		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI (UNIVERS	ITY,KOLHAPUR			
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2021040758 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR								
Personal Information	on :			М	lobile NO : 9	1 4 6 4 7 2 1 6 3		
Full Name: K	UMBHAR ROHIT D	DILIP						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: KL	IMBHAR	Physica	al Disability NOT	APPLICABLE		
Correspondence A	ddress:							
CHINCHWAD								
City KOLHAPUR		PIN Code: 416119	Email ID	: ROHI	TKUMBHAR3325@	@GMAIL.COM		
Study Center: N	I.A.							
Fees Details:			Т	otal Fee	₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)								
Subject Details :								
3/5 79671 English	(Compulsory) Cr. 0		3/5 79683 0	Chemistry I	Paper X Cr. 2			
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667 E	English (Co	ompulsory) Cr. 0			
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 0	Chemistry F	Paper XIV Cr. 2			
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 0	Chemistry I	Paper XVI Cr. 2			
3/6 81678 Chemist	ry Practical Cr. 8							
Optional Subjects:								
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is								
liable to be cancelle		I INAL IN INE EVENT OF A	ny information	peing to	ound laise of Inc	orrect, my candidature is		
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Signatur in the box shown be	re & Seal (Please sign elow)		
Specimen Sigature:								

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No	4 2 7 1 8 7 6			
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,KOLH	APUR .			
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2020020827	PRN: 2020020827 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Informatic Full Name: Kl	on : JRANE ABHISHEI	K SAMBHAJI		Mobile NO :	9 6 8 9 1 5 1 4 7 6			
Write Name in De	Write Name in Devanagari (Marathi):							
Gender: Male	Religion: HI	NDU Cast: MAHA	R Physic	al Disabilit	y NOT APPLICABLE			
Correspondence Ad	ldress:							
GOKUL SHIRAGA	NON							
City KOLHAPUR		PIN Code: 416208	Email ID: abhil	(urane1999)	@gmail.com			
Study Center: N	.A.							
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)								
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2	3	/6 81675 Chemistry	Paper XIV C	Sr. 2			
Optional Subjects:				·				
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly	•	Signature & Seal (Please sign hown below)			
Specimen Sigature:								

						2021038666		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,					Form No. :	4 2 7 6 5 4 1		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION, SHIVAJI L	JNIVERSI	TY,KOLHAPUR			
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS S	Semester	VI (Chemistry) exam to be held in		
PRN: 202103866	6 College: G	opal Krishna Ghokhale	College,Kolhapu	r., KOL⊢	IAPUR			
	on : AVATE GAURAV M evanagari (Marathi			Μ	obile NO : 9	075739479		
Gender: Male	Religion: HIN	NDU Cast: M	aratha	Physica	I Disability NO	TAPPLICABLE		
Correspondence A UNCHGAON City KOLHAPUR Study Center:		PIN Code: 416005	Email ID:	: LAVHA	ATEGAURAV@G	GMAIL.COM		
Fees Details: SEM V), SEM VI)			Τα	otal Fee ₹	: 0	(Uni.Fee. 0)		
Subject Details : 3/5 79684 Chemis	try Paper XI Cr. 2		3/6 81667 E	nglish (Cor	mpulsory) Cr. 0			
3/6 81674 Chemis					Paper XIV Cr. 2			
3/6 81676 Chemis					aper XVI Cr. 2			
3/6 81678 Chemis	try Practical Cr. 8							
Optional Subjects								
	elief. I understand	I that in the event of	any information			correct to the best of my correct, my candidature is		
Place:	Date:	Student's Signature (Ple in the box shown below)			Principal's Signati n the box shown	ure & Seal (Please sign below)		
Specimen Sigature:								

							2021040257		
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
To,					Form No.	: 42	78634		
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	UNIVER	SITY,KOLHA	PUR			
	permission to pi r the papers mer	resent myself at the B.s itioned below.	Sc CBCS Se	emester \	/I (Computer	Science)	exam to be held		
PRN: 202104025	7 College: G	opal Krishna Ghokhale C	ollege,Kolhap	our. , KOL	HAPUR				
Personal Information	on :			Γ	Mobile NO :	8669	182097		
Full Name: LO	DHAR ABHISHEK	MARUTI							
Write Name in De	vanagari (Marathi):							
Gender: Male	Religion: HIN	NDU Cast: LO	HAR	Physic	al Disability	NOT APPL	ICABLE		
Correspondence A	ddress:								
City KOLHAPUR		PIN Code:	Email I	D: abhy	alohar@gma	il.com			
Study Center: N	I.A.								
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)		
SEM V), SEM VI)									
Subject Details :									
3/5 79729 Comput	er Science Paper X	Cr. 2	3/6 81667	English (C	ompulsory) C	r. 0			
3/6 81716 Comput	er Science Paper XII	I Cr. 2	3/6 81717	Computer	Science Pape	r XIV Cr. 2			
3/6 81718 Comput	er Science Paper XV	/ Cr. 2	3/6 81719	Computer	Science Pape	r XVI Cr. 2			
3/6 81720 Comput	er Science Practical	Cr. 8							
Optional Subjects:									
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is									
knowledge and be liable to be cancelle		that in the event of a	ny informatio	n being f	round false	or incorrect,	my candidature is		
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly		Principal's S in the box sh		al (Please sign		
Specimen Sigature:						,			
oigaturo.		1							

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2021	035545

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
То,					Form No.	.: 42	78221	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	LION,SHIVAJ		SITY,KOLHA	PUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.								
PRN: 202103554	PRN: 2021035545 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Information	on :			I	Mobile NO :	93569	65356	
Full Name: LO	Full Name: LOHAR ATHARVA ANIL							
Write Name in De	evanagari (Marathi):						
Gender: Male	Religion: HI	NDU Cast: LO	HAR	Physic	cal Disability	NOT APPLIC	ABLE	
Correspondence A		PIN Code:	Email	ID: lohar	atharv07@g	mail.com		
Study Center: N Fees Details: SEM V), SEM VI)	<u>I.A.</u>			Total Fee	₹: 0		(Uni.Fee. 0)	
Subject Details : 3/5 79729 Comput	er Science Paper X	Cr. 2	3/5 79731	Computer	Science Pape	er XII Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81716	Computer	Science Pape	er XIII Cr. 2		
	er Science Paper XI	V Cr. 2	3/6 81718	Computer	Science Pape	er XV Cr. 2		
	er Science Paper XV				Science Prac			
Optional Subjects:								
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/	Principal's S in the box sl	Signature & Seal nown below)	(Please sign	
Specimen Sigature:								

							2021041015
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
То,					Form No	D.: 42	7 8 5 2 1
The DIRECTOR,	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR						
	permission to pi r the papers mer	resent myself at the B.s ationed below.	Sc CBCS S	emester V	VI (Comput	er Science)	exam to be held
PRN: 2021041015 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Information	on :				Mobile NO :	9503	802356
Full Name: LO	Full Name: LOHAR ONKAR BAJIRAO						
Write Name in Devanagari (Marathi):							
Gender: Male Religion: HINDU Cast: LOHAR Physical Disability NOT APPLICABLE							
Correspondence A	ddress:						
LAXTIRTH VASA	HAT						
City KOLHAPUR		PIN Code: 416012	Email	ID: ONK	ARLOHAR7	755@GMAIL.C	ОМ
Study Center: N	I.A.						
Fees Details:Total Fee ₹:0(Uni.Fee. 0)							
SEM V), SEM VI)							
Subject Details : 3/5 79729 Comput	er Science Paper X	Cr. 2	3/6 81667	English (C	Compulsory)	Cr. 0	
3/6 81716 Comput	er Science Paper XII	II Cr. 2	3/6 81717	Computer	Science Pap	er XIV Cr. 2	
·	er Science Paper XV				· Science Pap		
3/6 81720 Computer Science Practical Cr. 8							
Optional Subjects:							
	elief. I understand	all statements made in t I that in the event of a					
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	-	Signature & Sea shown below)	al (Please sign
Specimen Sigature:						- ,	

					2021040827	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. :	4 2 7 7 2 8 4	
The DIRECTOR, I	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPUR		
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in	
PRN: 2021040827	7 College: G	Gopal Krishna Ghokhale (College,Kolhapur.,KO	LHAPUR		
Personal Information	on : AGADUM VAIBHA	V DINKAR		Mobile NO : 8 3	3 8 0 8 1 6 1 4 7	
Write Name in De	vanagari (Marathi	i):				
Gender: Male Religion: HINDU Cast: Maratha Physical Disability NOT APPLICABLE						
Correspondence A	ddress:					
NAGAON						
City KOLHAPUR		PIN Code: 416207	Email ID: VAIE	3HAVMAGADUM29(@GMAIL.COM	
Study Center: N	I.A.					
Fees Details: SEM V), SEM VI)			Total Fee	e₹: 0	(Uni.Fee. 0)	
Subject Details : 3/5 79683 Chemist	rv Paper X Cr 2		3/5 79684 Chemistr	Paper XI Cr 2		
3/6 81667 English			3/6 81674 Chemistr			
3/6 81675 Chemist	· · · · · · · · · · · · · · · · · · ·		3/6 81676 Chemistr			
3/6 81677 Chemistry Paper XVI Cr. 2			3/6 81678 Chemistry Practical Cr. 8			
Optional Subjects:						
	lief. I understand				correct to the best of my orrect, my candidature is	
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	re & Seal (Please sign elow)	
Specimen Sigature:		,				

			2020029330
SHIVAJI UNIVERSIT Application Form for B.Sc CE Examination	•	iemistry)	
То,		Form No. :	4 2 7 1 6 7 6
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUA	TION,SHIVAJI UNIVERS	ITY,KOLHAPUF	1
Sir,I request the permission to present myself at the March-2024 for the papers mentioned below.	B.Sc CBCS Semester	VI (Chemistry	v) exam to be held in
PRN: 2020029330 College: Gopal Krishna Ghokhale	College,Kolhapur. , KOLł	IAPUR	
Personal Information :	М	obile NO : 8	8 5 7 0 7 5 0 9 6
Full Name: MAGDUM SUMIT KRISHNAT			
Write Name in Devanagari (Marathi):			
Gender: Male Religion: HINDU Cast: Lin	ngayat Physica	al Disability NO	DT APPLICABLE
Correspondence Address:			
MALWADI			
City KOLHAPUR PIN Code: 416216	Email ID: sumitr	nagdum1300@g	jmail.com
Study Center: N.A.			
Fees Details:	Total Fee	t: 0	(Uni.Fee. 0)
SEM V), SEM VI)			
Subject Details :	1		
3/5 79685 Chemistry Paper XII Cr. 2	3/6 81674 Chemistry F	Paper XIII Cr. 2	

- 3/6 81675 Chemistry Paper XIV Cr. 2 3/6 81676 Chemistry Paper XV 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 Sigature:			

					2021040867
A CONTRACTOR OF THE PARTY OF TH		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	•	hemistry)	
То,				Form No. :	4 2 7 7 6 6 3
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ΓΙΟΝ,SHIVAJI UNIVER	SITY,KOLHAPUR	
	permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semeste	er VI (Chemistry)	exam to be held in
PRN: 2021040867	College : G	opal Krishna Ghokhale C	college,Kolhapur. , KOl	HAPUR	
	AGDUM AKASH N			Mobile NO : 9 5	79769531
Write Name in Devanagari (Marathi): Gender: Male Religion: HINDU Cast: Maratha Physical Disability NOT APPLICABLE					
Correspondence A	ddress:				
MALWADI					
City KOLHAPUR		PIN Code: 416216	Email ID: AKA	SHMAGDUM002@C	GMAIL.COM
Study Center: N	I.A.				
Fees Details: SEM V), SEM VI)			Total Fee	₹: 0	(Uni.Fee. 0)
Subject Details : 3/5 79683 Chemist	rv Paper X Cr. 2		3/5 79684 Chemistry	Paper XI Cr. 2	
3/6 81667 English			3/6 81674 Chemistry		
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	Paper XV Cr. 2	
3/6 81677 Chemistry Paper XVI Cr. 2 3/6 81678 Chemistry Practical Cr. 8					
Optional Subjects:					
	lief. I understand				orrect to the best of my orrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature in the box shown be	e & Seal (Please sign low)
Specimen Sigature:					

					2021035766		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 6 3 4 8		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR			
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semeste	er VI (Chemistry)	exam to be held in		
PRN: 2021035766	6 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KOI	HAPUR			
		UMAR SHASHIKANT):		Mobile NO : 8 6	98211502		
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physic	cal Disability NOT	APPLICABLE		
Correspondence A	ddress:						
CHUYE							
City KOLHAPUR		PIN Code: 416207	Email ID: SUS	HILMA92003@GMA	IL.COM		
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)							
Subject Details :							
3/5 79683 Chemist			3/5 79684 Chemistry				
3/6 81667 English	· · · · · ·		3/6 81674 Chemistry				
3/6 81675 Chemistry Paper XIV Cr. 2			3/6 81676 Chemistry Paper XV Cr. 2				
3/6 81677 Chemistry Paper XVI Cr. 2 3/6 81678 Chemistry Practical Cr. 8							
Optional Subjects:							
	elief. I understand				prrect to the best of my rrect, my candidature is		
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature in the box shown be			
Specimen Sigature:							

					2020041236
		VAJI UNIVERSITY, ion Form for B.Sc CBC Examination, I	S Semester VI (C	Chemistry)	
To,				Form No. :	4 2 7 2 4 3 4
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATI	ON,SHIVAJI UNIVER	SITY,KOLHAPU	R
	e permission to he papers mentio	present myself at the B ned below.	.Sc CBCS Semest	er VI (Chemisti	ry) exam to be held in
PRN: 2020041236	6 College: G	opal Krishna Ghokhale Co	llege,Kolhapur.,KO	LHAPUR	
Personal Information	on :			Mobile NO :	9 9 7 0 6 5 8 7 3 9
Full Name: M	ANDAVKAR ANIK	ET ANANDRAO			
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	NDU Cast: Mara	itha Physi	cal Disability N	OT APPLICABLE
Correspondence A	ddress:				
NIGAVE					
City KOLHAPUR		PIN Code: 416207	Email ID: anik	ermandavkar873	9@gmail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)
SEM V)					
Subject Details :					
3/5 79685 Chemist					
Optional Subjects:					
	elief. I understand				d correct to the best of my incorrect, my candidature is
Place:	Date:	Student's Signature (Please in the box shown below)	sign strictly	Principal's Signa in the box show	ature & Seal (Please sign n below)
Specimen Sigature:					

					2021037878	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Geology) Examination, March-2024						
To,				Form No. :	4 2 7 6 3 6 5	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	FION,SHIVAJI UNIVER	SITY,KOLHAPUR		
	permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Geology)	exam to be held in	
PRN: 2021037878 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR						
Personal Information	on :			Mobile NO : 8 4	1 2 9 6 5 7 5 9	
Full Name: M	ANDAVKAR VINO	D SITARAM				
Write Name in De	vanagari (Marathi):				
Gender: Male Religion: HINDU Cast: Maratha Physical Disability NOT APPLICABLE				APPLICABLE		
Correspondence A	ddress:					
BELARIWADI						
		DIN O 111 140000				
City RATNAGIRI		PIN Code: 416808	Email ID: VSM	1@GMAIL.COM		
Study Center: N	I.A.			~ ~	<i></i>	
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81698 Geology	Paper XIII Cr. 2		
3/6 81699 Geology	Paper XIV Cr. 2		3/6 81700 Geology I	Paper XV Cr. 2		
3/6 81701 Geology Paper XVI Cr. 2			3/6 81702 Geology Practical Cr. 8			
Optional Subjects:						
Declaration: I here	by declare that a	all statements made in t	his application are tr	ue complete and co	prrect to the best of my	
	lief. I understand				rrect, my candidature is	
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature in the box shown be		
Specimen Sigature:						

2021	041	018
2021	0 - 1	010

				2021011010			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
То,			Form No. : 4	278523			
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR							
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.						
PRN: 2021041018 College: Gopal Krishna Ghokhale College,Kolhapur., KOLHAPUR							
Personal Information :			Mobile NO : 8 4 5	9382325			
Full Name: MANE ABH	IIJEET BAJIRAO						
Write Name in Devanagari (Marathi):							
Gender: Male Religion: HINDU Cast: Maratha Physical Disability NOT APPLICABLE							
Correspondence Address:							
RAKSHI							
City KOLHAPUR	PIN Code:	416201 Email ID: A	BHIJEETMANE0409@GM	AIL.COM			
Study Center: N.A.							
Fees Details: Total Fee ₹: 0 (Uni.Fee. 0)							
SEM V), SEM VI)							
Subject Details : 3/5 79729 Computer Science	Paper X Cr. 2	3/6 81667 English	(Compulsory) Cr. 0				
3/6 81716 Computer Science			ter Science Paper XIV Cr. 2				
3/6 81718 Computer Science	Paper XV Cr. 2	`	ter Science Paper XVI Cr. 2				
3/6 81720 Computer Science Practical Cr. 8							
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my							
knowledge and belief. I ur	nderstand that in the	s made in this application are event of any information bein					
knowledge and belief. I ur liable to be cancelled or rejec	nderstand that in the ct.			t, my candidature is			
knowledge and belief. I ur	nderstand that in the ct.	event of any information bein gnature (Please sign strictly	g found false or incorrec	t, my candidature is Seal (Please sign			

					2020027820
A CALLER AND A CAL		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	•	chemistry)	
То,				Form No. :	4 2 7 1 9 9 8
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAP	UR
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemi	stry) exam to be held in
PRN: 2020027820	College : G	opal Krishna Ghokhale C	ollege,Kolhapur. , KO	HAPUR	
Personal Information	on :			Mobile NO :	7 3 5 0 7 3 8 2 5 5
Full Name: M	ANE VAIBHAV SU	BHASH			
Write Name in De	evanagari (Marathi):			
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability	NOT APPLICABLE
Correspondence A	ddress:				
MAIN ROAD SAN	IGRAM CHOWK				
City KOLHAPUR		PIN Code: 416005	Email ID: vaib	navmane@gma	ail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79682 Chemist	try Paper IX Cr. 2		3/6 81674 Chemistry	Paper XIII Cr. :	2
3/6 81675 Chemist	try Paper XIV Cr. 2		•		
Optional Subjects:					
	elief. I understand	that in the event of a	ny information being	found false o	and correct to the best of my r incorrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Sig	nature & Seal (Please sign wn below)
Specimen		,			

					2020020918
		IVAJI UNIVERSITY, KOL ion Form for B.Sc CBCS Se Examination, March	mester VI (Cł	nemistry)	
To,				Form No.	: 4271673
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION, SH	IVAJI UNIVERS	ITY,KOLHAI	PUR
	e permission to he papers mentic	present myself at the B.Sc C ned below.	BCS Semester	⁻ VI (Chem	nistry) exam to be held i
PRN: 2020020918	8 College: G	opal Krishna Ghokhale College,K	olhapur. , KOLI	HAPUR	
	on : ASURKAR NAMD evanagari (Marathi		Μ	lobile NO :	7 0 6 6 9 3 3 5 1 9
Gender: Male	Religion: HI	NDU Cast: Other	Physic	al Disability	NOT APPLICABLE
Correspondence A	ddress:				
MANISHA COLOI	NY				
City KOLHAPUR		PIN Code: 416004 Er	nail ID: masu	rkaromkar2@)gmail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details : 3/6 81674 Chemist	try Paper XIII Cr. 2	3/6 8	675 Chemistry I	Paper XIV Cr.	. 2
Optional Subjects:	:				
	elief. I understand	all statements made in this app that in the event of any infor			
Place:	Date:	Student's Signature (Please sign s in the box shown below)		Principal's Si in the box sh	gnature & Seal (Please sign own below)
Specimen Sigature:					

						2021040942
		IVAJI UNIVERSIT ion Form for B.Sc CE Examination	CS Semes	ter VI (C	hemistry)	
То,					Form No. :	4 2 7 7 7 6 6
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ	I UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chemistry	r) exam to be held
PRN: 2021040942	2 College: G	opal Krishna Ghokhale C	College,Kolha	our. , KOL	HAPUR	
Personal Information	on : AYANNA PRAMOI) TATYASO			Mobile NO : 9	3 0 7 2 1 3 1 2 6
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HI	NDU Cast: Otl	her	Physic	cal Disability NO	OT APPLICABLE
Correspondence A	ddress:					
HERLE						
City KOLHAPUR		PIN Code: 416005	Email I	D: PTM	@GMAIL.COM	
Study Center: N	I.A.			T-4-1 E	. .	
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79683	Chemistry	Paper X Cr. 2	
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667	English (C	compulsory) Cr. 0	
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	
3/6 81678 Chemist	ry Practical Cr. 8					
Optional Subjects:						
	elief. I understand	all statements made in t that in the event of a				
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	,	Principal's Signatu	ure & Seal (Please sign below)
Specimen Sigature:		······································				,

					2020057809
A CONTRACTOR		VAJI UNIVERSITY, H ion Form for B.Sc CBCS Examination, M	Semester VI (C	hemistry)	
To,				Form No. :	4 2 7 2 7 7 0
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,KOLHAP	PUR
	permission to he papers mentio	present myself at the B.S ned below.	Sc CBCS Semeste	r VI (Chemi	istry) exam to be held in
PRN: 2020057809	College : G	opal Krishna Ghokhale Colle	ge,Kolhapur. , KOL	HAPUR	
Personal Information			Γ	Nobile NO :	9503153251
	THARI AVISHKAF				
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	NDU Cast: Other	Physic	al Disability	NOT APPLICABLE
Correspondence Ad C S NO 8752 PLC City KOLHAPUR		COLONY KALMBA ROAD S. PIN Code: 416007		karmithari@gi	mail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79683 Chemist	ry Paper X Cr. 2	3/	6 81674 Chemistry	Paper XIII Cr.	2
3/6 81675 Chemist	ry Paper XIV Cr. 2		_		
Optional Subjects:					
	lief. I understand	that in the event of any	information being f	ound false o	and correct to the best of my r incorrect, my candidature is
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly	Principal's Sig	gnature & Seal (Please sign own below)

Specimen Sigature:

					20	020020862
AND THE TRANSPORT		VAJI UNIVERSITY ion Form for B.Sc CB Examination,	CS Semester VI (C	Chemistry)		
То,				Form No. :	4 2 7 1	854
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAP	'UR	
	e permission to he papers mentio	present myself at the E ned below.	3.Sc CBCS Semeste	er VI (Chemi	stry) exam to	be held in
PRN: 2020020862	2 College: G	opal Krishna Ghokhale Co	ollege,Kolhapur. , KOl	LHAPUR		
Personal Information	on : OHITE ANIKET TA	NAJI		Mobile NO :	705740	1300
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	IDU Cast: BEI	DAR Physi	cal Disability	NOT APPLICAB	LE
Correspondence A	ddress:					
SANEGURUJI VA	SAHAT					
City KOLHAPUR		PIN Code: 416012	Email ID: anike	etmohite13191	3@gmail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(L	Jni.Fee. 0)
SEM VI)						
Subject Details :	n Danar VIII Or 2		2/C 91675 Chamiata		2	
3/6 81674 Chemist Optional Subjects:			3/6 81675 Chemistry	Paper XIV CI.	2	
	lief. I understand	Il statements made in th that in the event of ar				
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Sig in the box sho	gnature & Seal (Ple own below)	ase sign
Specimen						

								2020049	766
A CONTRACTOR OF THE CONTRACTOR		VAJI UNIVERSITY, KOL ion Form for B.Sc CBCS Sen Examination, March	nester VI (C	Cher	nistry)				
To,				F	orm No.	:	427	2584	4
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION, SHI	VAJI UNIVER	SITY	,KOLHA	PUR			
	e permission to he papers mentio	present myself at the B.Sc CE ned below.	3CS Semest	er V	/I (Chem	istry)	exam	to be l	held in
PRN: 202004976	6 College: G	opal Krishna Ghokhale College,Ko	lhapur. , KO	LHAF	PUR				
Personal Information	on :			Mobi	le NO :	74	105	6247	6
Full Name: M	OHITE KETAN GH	ANASHAM							
Write Name in De	evanagari (Marathi):							
Gender: Male	Religion: HIN	IDU Cast: Maratha	Physi	cal D	Disability	NOT	APPLIC	ABLE	
Correspondence A	ddress:								
ghunki									
City kolhapur		PIN Code: 416112 Em	ail ID: acso	olleg	je70@gm	ail.com	ı		
Study Center: N	I.A.								
Fees Details:			Total Fee	:₹	0			(Uni.Fee	. 0)
SEM VI)									
Subject Details : 3/6 81675 Chemist	try Paper XIV Cr. 2								
Optional Subjects:	:								
	elief. I understand	Il statements made in this appli that in the event of any inform	ation being	foun	d false o	or inco	rrect, m	ny candid	lature is
Place:	Date:	Student's Signature (Please sign str in the box shown below)	ictly		ncipal's Si he box sh	-		Please sig	gn
Specimen Sigature:									

					2020025946
		VAJI UNIVERSITY, I on Form for B.Sc CBCS Examination, M	Semester VI (C	hemistry)	
To,				Form No. :	4 2 7 1 9 9 9
The DIRECTOR,	BOARD OF EXAMI	NATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,KOLHAF	PUR
•	e permission to p he papers mention	present myself at the B.S ned below.	c CBCS Semeste	er VI (Chemi	istry) exam to be held in
PRN: 202002594	6 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur.,KOL	HAPUR	
	ORE SWARUP SAI		I	Nobile NO :	9730139000
write Name in De	evanagari (Marathi)	:			
Gender: Male	Religion: HIN	DU Cast: Marath	na Physic	al Disability	NOT APPLICABLE
Correspondence A	ddress:				
HUPARI					
City KOLHAPUR		PIN Code: 416203	Email ID: swar	upmore2003@)gmail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM V)					
Subject Details : 3/5 79683 Chemist	try Paper X Cr. 2		_		
Optional Subjects:					
	elief. I understand				and correct to the best of my r incorrect, my candidature is
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly	Principal's Sig	gnature & Seal (Please sign own below)
Specimen Sigature:					

					2020020929				
A CONTRACT OF A	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No. :	4 2 7 1 8 1 4				
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJI UNIVER	SITY,KOLHAPU	R				
	permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chemist	ry) exam to be held in				
PRN: 2020020929 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR									
Personal Information				Mobile NO :	7744994093				
Full Name: M	ULLA SAKIB ADA	M							
Write Name in De	vanagari (Marathi	j):							
Gender: Male	Religion: HIN	NDU Cast: MU	JSLIM Physi	cal Disability N	IOT APPLICABLE				
Correspondence A	ddress:								
JAWAHAR									
City KOLHAPUR		PIN Code: 416203	Email ID: kings	sakibmulla@gma	ail.com				
Study Center: N	I.A.								
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)				
SEM VI)									
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	Paper XIV Cr. 2					
Optional Subjects:									
	lief. I understand				d correct to the best of my incorrect, my candidature is				
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signation in the box show	ature & Seal (Please sign n below)				
Specimen Sigature:									

						2021040824
		IVAJI UNIVERSIT ion Form for B.Sc CE Examination	•		nemistry)	
То,					Form No. :	4 2 7 7 2 8 2
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UN	IIVERS	ITY,KOLHAPUF	२
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Se	emester	VI (Chemistry	y) exam to be held
PRN: 2021040824	4 College: G	opal Krishna Ghokhale C	College,Kolhapur.	, KOLł	HAPUR	
Personal Information	on :			м	obile NO : 8	8 8 5 5 0 2 4 0 5 4
Full Name: NA	ADAF MUNNA RA	JU				
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: MU	ISLIM Cast: MU	JSLIM I	Physica	al Disability NO	OT APPLICABLE
Correspondence A	ddress:					
KANERIWADI						
City KOLHAPUR		PIN Code: 416234	Email ID:	NADA	FMUNNA009@	GMAIL.COM
Study Center: N	I.A.					
Fees Details:			Tota	al Fee ₹	t: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79683 Che	emistry F	Paper X Cr. 2	
3/5 79684 Chemist	try Paper XI Cr. 2		3/6 81667 Eng	glish (Co	mpulsory) Cr. 0	
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675 Che	emistry F	Paper XIV Cr. 2	
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677 Che	emistry F	Paper XVI Cr. 2	
3/6 81678 Chemist	try Practical Cr. 8					
Optional Subjects:						
	elief. I understand					d correct to the best of ncorrect, my candidature
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Signa in the box shown	iture & Seal (Please sign n below)
Specimen Sigature:						

					2021041017	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024						
To,				Form No. :	4 2 7 8 5 2 4	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVAJI UNIVER	SITY,KOLHAPUR		
•	permission to pr the papers men		Sc CBCS Semester	VI (Computer Scie	ence) exam to be held	
PRN: 2021041017	7 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR		
		ANNAJEET BHAGAVAN):		Mobile NO : 0	0 0 0 0 0 0 0 0 0 0	
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NO	TAPPLICABLE	
Correspondence Ad SHIROLI	ddress:					
City KOLHAPUR		PIN Code: 416218	Email ID: SW/		@GMAIL.COM	
Study Center: N	I.A.					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81716 Compute	Science Paper XIII	Cr. 2	
3/6 81717 Compute	er Science Paper XI	V Cr. 2	3/6 81718 Compute	Science Paper XV(Cr. 2	
3/6 81719 Compute	er Science Paper XV	/I Cr. 2	3/6 81720 Compute	Science Practical C	r. 8	
Optional Subjects:						
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)		Principal's Signature & Seal (Please sign in the box shown below)		
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,			÷	

					2020040633	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. :	4 2 7 1 2 7 8	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATI	ON,SHIVAJI UNIVER	SITY,KOLHAPUI	R	
•	e permission to he papers mentic	present myself at the E ned below.	.Sc CBCS Semeste	er VI (Chemisti	ry) exam to be held in	
PRN: 2020040633	3 College: G	opal Krishna Ghokhale Co	llege,Kolhapur.,KOl	LHAPUR		
Personal Informatio Full Name: NA Write Name in De	ALWADE SHUBHA			Mobile NO :	9370446905	
Gender: Male	Religion: HIN	NDU Cast: Mara	atha Physi	cal Disability N	OT APPLICABLE	
Correspondence A	ddress:					
KHUTALWADI						
City KHUTALWAD)	PIN Code: 416110	Email ID: acsc	ollege70@gmail.	com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV 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 in the box shown below)	sign strictly	Principal's Signa in the box show	ature & Seal (Please sign n below)	
Specimen Sigature:						

						2019024684
AND THE TRANSPORT		VAJI UNIVERSITY ion Form for B.Sc CB Examination		Chemistry)		
То,				Form No.	: 427	1034
The DIRECTOR, I	BOARD OF EXAM	NATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAF	PUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chem	istry) exam	to be held in
PRN: 2019024684	4 College : G	opal Krishna Ghokhale C	ollege,Kolhapur., KOl	LHAPUR		
Personal Information	on : AWALE SOURABH	TANAJI		Mobile NO :	913993	34093
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	IDU Cast: MA	HAR Physi	cal Disability	NOT APPLICA	,BLE
Correspondence A	ddress:					
E/G 52/237 DAUL	AT NAGAR KOLH	APUR				
City KOLHAPUR		PIN Code: 416008	Email ID: VJ@	GMAIL.COM		
Study Center: N	I.A.					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV/ Cr. 2		3/6 81678 Chemistry	Practical Cr 8	3	
Optional Subjects:					<u>, </u>	
	elief. I understand	Il statements made in t that in the event of a				
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Si in the box sh	gnature & Seal (P own below)	'lease sign
Specimen		·				

							2021040322
AND THE REPORT OF THE REPORT O	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Physics) Examination, March-2024						
To,					Form No	.: 4 :	277955
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNI	VERS	ITY,KOLHA	\PUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Se	emeste	er VI (Ph	ysics) exa	am to be held in
PRN: 2021040322	2 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.	, KOLI	HAPUR		
Personal Information	on :			м	obile NO :	9595	5954591
Full Name: NI	KAM UTKARSH D	EVENDRA					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	IDU Cast: Ma	ratha P	hysica	al Disability		LICABLE
Correspondence A	ddress:						
City		PIN Code:	Email ID:	UDN@	GMAIL.CO	ЭM	
Study Center: N	I.A.						
Fees Details:			Tota	I Fee ₹	t: 0		(Uni.Fee. 0)
SEM VI)							
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81668 Phys	nice Do			
<u>, , , , , , , , , , , , , , , , , , , </u>	Paper XIV Cr. 2		3/6 81670 Phys			<u>.</u>	
· · · · ·	Paper XVI Cr. 2		3/6 81672 Phys	SICS PT2	iclical Cr. 8		
Optional Subjects:							
	lief. I understand	Il statements made in t that in the event of ar					
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly			Signature & So hown below)	eal (Please sign
Specimen							

					2020025933
Recent to ce		ion Form for B.Sc CB Examination	•	Chemistry)	
To,				Form No. :	4 2 7 1 8 5 2
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	LION,SHIVAJI UNIVEF	SITY,KOLHAPUR	
Sir,I request the March-2024 for t	•	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 2020025933	B College: G	opal Krishna Ghokhale C	college,Kolhapur.,KO	LHAPUR	
Personal Information	on :			Mobile NO: 77	745869850
Full Name: PA	ARIT AVADHUT BA	JIRAO			
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	NDU Cast: PA	RIT Phys	cal Disability NOT	APPLICABLE
Correspondence A	ddress:				
NIGAVE					
City KOLHAPUR		PIN Code: 416012	Email ID: ava	dhutparit1@gmail.co	m
Study Center: N	I.A.				
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)
SEM IV), SEM VI)					
Subject Details : 2/4 78928 ENVIRC	NMENTAL STUDIE		3/6 81674 Chemistr	Paper XIII, Cr. 2	
3/6 81675 Chemist		5 01.0	3/0 01074 01011130		
Optional Subjects:					
optional Subjects.					
	lief. I understand				correct to the best of my prrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	e & Seal (Please sign elow)
Specimen Sigature:					

						2020020783
ALL		VAJI UNIVERSITY, KOLHAP ion Form for B.Sc CBCS Semeste Examination, March-2024	er VI (C	hemistry)		Contraction of the second seco
To,				Form No.	: 4 2	271659
The DIRECTOR, E	30ARD OF EXAM	INATIONS AND EVALUATION, SHIVAJI U	JNIVER	SITY,KOLHA	PUR	
-	permission to p he papers mentio	present myself at the B.Sc CBCS and below.	Semeste	∍r VI (Chen	nistry) exa	im to be held in
PRN: 2020020783	College: G	opal Krishna Ghokhale College,Kolhapu	ır. , KOL	_HAPUR		
Personal Informatio	on :			Mobile NO :	8956	305060
Full Name: PA	ARIT PRATHAMES	H TUKARAM				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	IDU Cast: PARIT	Physic	cal Disability	NOTAPPL	ICABLE
Correspondence Ac	ldress:					
ISPURLI						
City KOLHAPUR		PIN Code: 416207 Email ID	: prath	namesh30506	30@gmail.cor	m
Study Center: N	.A.					
Fees Details:		Tr	otal Fee	₹: 0		(Uni.Fee. 0)
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2					
Optional Subjects:						
	lief. I understand	all statements made in this application that in the event of any information				
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)		Principal's S in the box sh		al (Please sign

Specimen Sigature:

						2021033792
REAL PROPERTY OF THE PROPERTY		IVAJI UNIVERSITY tion Form for B.Sc CB Examination			emistry)	9
To,					Form No. :	4 2 7 6 3 5 6
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJI UN	- IVERSI	TY,KOLHAPUR	
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Se	mester	VI (Chemistry)	exam to be held in
PRN: 2021035792	2 College: G	Gopal Krishna Ghokhale C	ollege,Kolhapur.	, KOLH	IAPUR	
Personal Information	on :			Мо	obile NO: 97	7 6 4 5 4 5 5 5 4
Full Name: PA	ARKHE RUTURAJ	AVADHUT				
Write Name in De	evanagari (Marathi	i):				
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha F	Physica	I Disability NOT	APPLICABLE
Correspondence A						
VIDHYAPITH RO	AD					
City KOLHAPUR		PIN Code: 416008	Email ID:	RAP@	GMAIL.COM	
Study Center: N	I.A.					
Fees Details:			Tota	al Fee ₹	: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details :						
3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79683 Che	emistry P	aper X Cr. 2	
3/5 79684 Chemist	try Paper XI Cr. 2		3/6 81667 Eng	lish (Cor	mpulsory) Cr. 0	
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675 Che	emistry P	aper XIV Cr. 2	
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677 Che	emistry P	aper XVI Cr. 2	
3/6 81678 Chemist	try Practical Cr. 8					
Optional Subjects:						
	elief. I understand					correct to the best of my orrect, my candidature is
		Student's Signature (Pleas	se sign strictly			re & Seal (Please sign
Place:	Date:	in the box shown below)		i	n the box shown be	elow)
Specimen Sigature:						

						2021040888
A COLONAL OF A COL		IVAJI UNIVERSIT ion Form for B.Sc CE Examinatior	SCS Semes	ter VI (C	hemistry)	
То,					Form No. :	4 2 7 7 7 5 0
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVA.	I UNIVERS	SITY,KOLHAPU	JR
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chemis	stry) exam to be held in
PRN: 2021040888	B College: G	opal Krishna Ghokhale(College,Kolha	pur.,KOL	HAPUR	
Personal Information	on :			N	lobile NO :	7410107471
Full Name: PA	ARVATE GANESH	RAVINDRA				
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: HI	NDU Cast: Ma	aratha	Physic	al Disability	NOT APPLICABLE
Correspondence A	ddress:					
SULKUD						
City KOLHAPUR		PIN Code: 416216	Email	ID: GANE	ESHPARVATE	2110@GMAIL.COM
Study Center: N	I.A.					
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(Uni.Fee. 0)
Subject Details :						
3/5 79684 Chemist	try Paper XI Cr. 2		3/6 81667	English (Co	ompulsory) Cr. (0
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2	2
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	2
3/6 81678 Chemist	try Practical Cr. 8					
Optional Subjects:						
	elief. I understand					nd correct to the best of my incorrect, my candidature is
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/	Principal's Sign in the box show	nature & Seal (Please sign wn below)
Specimen Sigature:						

					2020020795
		VAJI UNIVERSITY, ion Form for B.Sc CBC Examination, I	S Semester VI (C	hemistry)	
To,				Form No. :	4 2 7 1 6 8 1
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIO	ON,SHIVAJI UNIVERS	SITY,KOLHAPUR	
	permission to he papers mentic	present myself at the B ned below.	Sc CBCS Semeste	r VI (Chemistry)) exam to be held in
PRN: 2020020795	5 College: G	opal Krishna Ghokhale Col	lege,Kolhapur.,KOL	HAPUR	
	ASARE SUMIT SA		Ν	Nobile NO : 9	970504335
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HI	NDU Cast: Mara	tha Physic	al Disability NO	TAPPLICABLE
Correspondence A	ddress:				
GADMUDSHINGI					
City KOLHAPUR		PIN Code: 416119	Email ID: sumit	pasare2249@gma	ail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	Paper XIV Cr. 2	
Optional Subjects:					
	lief. I understand	that in the event of any	information being f		correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Please in the box shown below)	sign strictly	Principal's Signatu in the box shown I	ure & Seal (Please sign below)
Specimen Sigature:					

					2020083941			
		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	-	Chemistry)				
To,				Form No. :	4 2 7 3 0 3 2			
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJI UNIVER	SITY,KOLHAPUR				
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)) exam to be held in			
PRN: 2020083941	College: G	opal Krishna Ghokhale C	ollege,Kolhapur. , KO	LHAPUR				
Personal Informatic Full Name: PA	on : ASWAN RANJEET			Mobile NO : 9	373387024			
Write Name in De								
Gender: Male	Religion: HIN	NDU Cast: Oti	ner Physi	cal Disability NO	T APPLICABLE			
	DADA PATIL PATIL LANE NEAR GANAPATI MANDIR GOKUL SHIRGAON MIDC GOKUL SHIRGAON							
City KOLHAPUR		PIN Code: 416234	Email ID: ranje	etpaswan3514@g	mail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details :	n Danar XIII. Cr. 2		2/0 91675 Chamiata					
3/6 81674 Chemist			3/6 81675 Chemistry					
Optional Subjects:								
	lief. I understand				correct to the best of my correct, my candidature is			
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatu	ire & Seal (Please sign below)			
Specimen								

Sigature:

2021041016

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
To,				Form No. : 4 2 7	8522			
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR								
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2021041016 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR								
Personal Information	on :			Mobile NO : 8 4 4 6 4	00786			
Full Name: PA	ΑΤΗΑΝ ΑΑΚΙΒΜΑΤ	TIN FIROZKHAN						
Write Name in De	vanagari (Marathi	i):						
Gender: Male	Religion: MU	JSLIM Cast: MU	JSLIM Physi	cal Disability NOT APPLIC	ABLE			
Correspondence A	ddress:							
KOLHAPUR								
City KOLHAPUR		PIN Code: 416012	Email ID: PAT	HANISHRAT99@GMAIL.CO	М			
Study Center: N	I.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81667 English	(Compulsony) Cr. 0		3/6 81716 Computer	r Science Paper XIII Cr. 2				
3/6 81717 Comput	· · · · · · · · · · · · · · · · · · ·		·	r Science Paper XV Cr. 2				
·	·		•·	•				
3/6 81719 Computer Science Paper XVI Cr. 2 3/6 81720 Computer Science Practical Cr. 8 Optional Subjects:								
	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature & Seal (in the box shown below)	Please sign			
Specimen Sigature:								

					2021040775
A CONTRACTOR OF THE STATE		IVAJI UNIVERSIT ion Form for B.Sc CE Examination	•	Chemistry)	
To,				Form No. :	4 2 7 7 9 4 3
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 202104077	5 College: G	opal Krishna Ghokhale C	college,Kolhapur. , KO	LHAPUR	
	on : ATHARUT MANAV evanagari (Marathi			Mobile NO : 7 0	57841079
Gender: Male	Religion: HI	NDU Cast: VA	DAR Physi	cal Disability NOT	APPLICABLE
Correspondence A	ddress:				
PADLAKAR COLO	NY				
City KOLHAPUR		PIN Code: 416012	Email ID: MAN	NAVPATHARUT430@	GMAIL.COM
Study Center: N	I.A.				
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682 Chemistr	y Paper IX Cr. 2	
	try Paper X Cr. 2		3/5 79684 Chemistr		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistr	y Paper XIII Cr. 2	
3/6 81675 Chemist	try Paper XIV Cr. 2		3/6 81676 Chemistr	y Paper XV Cr. 2	
3/6 81677 Chemist	try Paper XVI Cr. 2		3/6 81678 Chemistr	y Practical Cr. 8	
Optional Subjects:					
	elief. I understand				orrect to the best of my prrect, my candidature is
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature in the box shown be	e & Seal (Please sign low)
Specimen Sigature:					

					2020023934		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No.	.: 4271811		
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHA	APUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2020025934	t College: G	opal Krishna Ghokhale(College,Kolhapur.,KO	LHAPUR			
Personal Information	on :			Mobile NO :	7743873560		
Full Name: PA	TIL ABHAY DHON	NDIRAM					
Write Name in De	vanagari (Marathi	i):					
Gender: Male	Religion: HI	NDU Cast: Ma	aratha Physi	cal Disability	NOT APPLICABLE		
Correspondence A	ddress:						
KHEBVDE							
City KOLHAPRU		PIN Code: 416221	Email ID: abha	aypatil@gmai	il.com		
Study Center: N	I.A.						
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	/ Paper XIV C	r. 2		
Optional Subjects:							
	lief. I understand				and correct to the best of n or incorrect, my candidature		
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's S in the box sl	Signature & Seal (Please sign hown below)		
Specimen Sigature:							

					2021040531			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No. :	4 2 7 7 9 6 9			
The DIRECTOR, I	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR							
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in			
PRN: 202104053 ²	1 College: G	opal Krishna Ghokhale C	College,Kolhapur. , KO	HAPUR				
Personal Information	on : ATIL ABHISHEK A	NANDA		Mobile NO : 8 9	56171219			
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT	APPLICABLE			
Correspondence A	ddress:							
City Study Center: N Fees Details:	I.A.	PIN Code:	Email ID: ABH	ISHEKPATIL5500@ ₹: 0	GMAIL.COM (Uni.Fee. 0)			
SEM V), SEM VI)					(0			
Subject Details : 3/5 79683 Chemist	rv Paper X Cr. 2		3/5 79684 Chemistry	Paper XI Cr. 2				
	(Compulsory) Cr. 0		3/6 81674 Chemistry					
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry					
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistry	Practical Cr. 8				
Optional Subjects:								
	lief. I understand				orrect to the best of my prrect, my candidature is			
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature in the box shown be	e & Seal (Please sign elow)			
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,			•			

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A CONTRACTOR OF	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Geology) Examination, March-2024							
То,					Form No.	: 42	77653	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVA.	II UNIVER	SITY,KOLHAI	PUR		
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Geolo	ogy) exar	n to be held in	
PRN: 2021040856	PRN: 2021040856 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Information	on :				Mobile NO :	9823	1 2 2 3 5 3	
	ATIL ADITYA AMAR							
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	cal Disability	NOT APPLI	CABLE	
Correspondence A	ddress:							
JIVABANANA JAE	DHAV PARK							
City KOLHAPUR		PIN Code: 416007	Email	ID: ADIT	YAAMARPAT	TL2003@GM	AIL.COM	
Study Center: N	I.A.			Total Cas	Ŧ. 0			
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)	
SEM V), SEM VI)								
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79703	Geology F	Paper IX Cr. 2			
3/5 79704 Geology	Paper X Cr. 2		3/6 81667	English (C	compulsory) Cr	r. 0		
3/6 81698 Geology	Paper XIII Cr. 2		3/6 81699	Geology F	Paper XIV Cr. 2	2		
3/6 81700 Geology	Paper XV Cr. 2		3/6 81701	Geology F	Paper XVI Cr. 2	2		
3/6 81702 Geology	Practical Cr. 8		•					
Optional Subjects:								
	elief. I understand	all statements made in t that in the event of a						
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/	Principal's Si in the box sh	-	al (Please sign	
Specimen Sigature:						,		

						2020072105
And the second s		VAJI UNIVERSITY ion Form for B.Sc CB Examination	CS Semes	ter VI (C	hemistry)	
То,					Form No. :	4 2 7 2 9 8 7
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	I UNIVERS	SITY,KOLHAF	٧UR
	e permission to t the papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chem	istry) exam to be held in
PRN: 202007210	05 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur.,KOL	HAPUR	
	ion : 'ATIL ADITYA SANJ evanagari (Marathi			Ν	lobile NO :	9860642760
Gender: Male	Religion: HIN	IDU Cast: Ma	ratha	Physic	al Disability	NOT APPLICABLE
Correspondence A		or kolhonur				
minunu Nagar ka	anariwadi Tal-karve	eer komapur				
City KOLHAPUR		PIN Code: 416220	Email	D: patila	ditya2511@g	mail.com
Study Center:	N.A.					
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)
SEM VI)						
Subject Details :	(Compulsory) Cr. 0		3/6 8167/	Chemistry	Paper XIII Cr.	2
3/6 81675 Chemis				-	Paper XV Cr. :	
3/6 81677 Chemis					Practical Cr. 8	
	- · ·		3/0 01070	Chemistry	Flactical CI. 0	
Optional Subjects						
	elief. I understand					and correct to the best of my or incorrect, my candidature is
Place:	Date:	Student's Signature (Pleas	e sign strictly	/	Principal's Sig	gnature & Seal (Please sign

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

						202	1017414
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,					Form No. :	4 2 7 4 1	55
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI U	JNIVERS	SITY,KOLHAP	UR	
	e permission to p he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chemis	stry) exam to	be held in
PRN: 2021017414	4 College : G	opal Krishna Ghokhale C	College,Kolhapu	ir., KOL	HAPUR		
Personal Information	on :			N	lobile NO :	7219328	021
Full Name: PA	ATIL ADITYA SUBH	IASH					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	al Disability	NOT APPLICABLE	<u>.</u>
Correspondence A	ddress:						
A/P- NIGAVE KH							
City NIGAVE KH		PIN Code: 416207	Email ID:	: patila	dityas2003@g	ımail.com	
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)			Т	otal Fee	₹: 0	(Uni	.Fee. 0)
Subject Details :							
3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79683 C	Chemistry	Paper X Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 C	Chemistry	Paper XIII Cr. 2	2	
3/6 81675 Chemist	try Paper XIV Cr. 2		3/6 81676 C	Chemistry	Paper XV Cr. 2	2	
3/6 81677 Chemist	try Paper XVI Cr. 2		3/6 81678 C	Chemistry	Practical Cr. 8		
Optional Subjects:							
	elief. I understand	all statements made in t that in the event of a					
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Sig in the box sho	nature & Seal (Pleas wn below)	e sign
Specimen Sigature:							

							2021040781
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,					Form No.	:	4 2 7 7 9 4 4
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	UNIVER	SITY,KOLHA	PUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Cher	nistry)	exam to be held ir
PRN: 202104078 ⁻	1 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR		
	on : ATIL ADITYA VINA evanagari (Marathi			ľ	Mobile NO :	95	52292666
Gender: Male	Religion: HIN		ratha	Physic	al Disability	NOT A	PPLICABLE
Correspondence A							
SHIROLI(PU)							
City KOLHAPUR		PIN Code: 416122	Email		@GMAIL.CO	М	
Study Center: N	J.A.		Linui		<u>gon, 12.00</u>		
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)
SEM IV), SEM V),	SEM VI)						
Subject Details : 2/4 78909 Chemist	try Paper VII & VIII(Cr. 8	3/5 79682	Chemistry	Paper IX Cr.	2	
3/5 79683 Chemist	try Paper X Cr. 2		3/6 81667		ompulsory) C		
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV C	r. 2	
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI C	r. 2	
3/6 81678 Chemist	try Practical Cr. 8						
Optional Subjects:							
	elief. I understand	all statements made in t that in the event of a					
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	/	Principal's S in the box sl	-	& Seal (Please sign w)
Specimen Sigature:		,					

					2021040875		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 7 5 5 4		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVAL	UATION,SHIVAJI UNIVER	SITY,KOLHAPUR			
	e permission to p he papers mentio		ne B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in		
PRN: 202104087	5 College : G	opal Krishna Ghokhale	e College,Kolhapur. , KOl	HAPUR			
Personal Information	on :			Mobile NO : 9	3 2 6 0 9 3 7 1 7		
Full Name: PA	ATIL AKASH SURY	AKANT					
Write Name in De	evanagari (Marathi)):					
Gender: Male	Religion: HIN	IDU Cast:	Maratha Physi	cal Disability NOT	APPLICABLE		
Correspondence A	ddress:						
DAULAT NAGAR							
City KOLHAPUR		PIN Code: 416008	B Email ID: AKA	SHPATIL102002@0	GAMAIL.COM		
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)			Total Fee	₹: 0	(Uni.Fee. 0)		
Subject Details :							
3/5 79683 Chemist			3/5 79684 Chemistry				
3/6 81667 English 3/6 81675 Chemist	· · · · · · · · · · · · · · · · · · ·		3/6 81674 Chemistry 3/6 81676 Chemistry				
3/6 81677 Chemist							
			3/6 81678 Chemistry				
Optional Subjects:							
	elief. I understand		in this application are tru f any information being				
Place:	Date:	Student's Signature (P in the box shown belo		Principal's Signatur	re & Seal (Please sign elow)		
Specimen Sigature:							

					2020029326			
A CONTRACTOR OF THE STATE	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No.	: 4271677			
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION	N,SHIVAJI UNIVER	SITY,KOLHA	PUR			
	e permission to he papers mentic	present myself at the B.S ned below.	c CBCS Semeste	er VI (Chem	istry) exam to be held in			
PRN: 2020029326	6 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur.,KOI	HAPUR				
Personal Information	on :			Mobile NO :	7 2 1 8 2 2 1 4 5 8			
Full Name: PA	ATIL ANUJ VILAS							
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	IDU Cast: Marath	a Physi	cal Disability	NOT APPLICABLE			
Correspondence A	ddress:							
SHELEWADI								
City KOLHAPUR		PIN Code: 416208	Email ID: patila	anuj54@gmai	l.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		_					
Optional Subjects:								
	elief. I understand				and correct to the best of my or incorrect, my candidature is			
Place:	Date:	Student's Signature (Please si in the box shown below)	gn strictly	Principal's Si in the box sh	gnature & Seal (Please sign own below)			
Specimen Sigature:								

					2020021379
And the second s		VAJI UNIVERSITY ion Form for B.Sc CB Examination	•	Chemistry)	
То,				Form No. :	4 2 7 2 0 3 3
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 2020021379	College : G	opal Krishna Ghokhale C	ollege,Kolhapur. , KO	LHAPUR	
	ATIL AVINASH MA			Mobile NO : 9 3	59444517
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	IDU Cast: Ma	ratha Physi	cal Disability NOT	APPLICABLE
Correspondence Ad save City save	ddress:	PIN Code: 416213	Email ID: PAT	ILAVI7066@GMAIL.C	СОМ
Study Center: N	I.A.				
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details : 3/6 81675 Chemist	ry Paper XIV 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 (Pleas in the box shown below)	se sign strictly	Principal's Signature in the box shown be	
Specimen Sigature:					

					2021037716
Ward all the		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	•	Chemistry)	
То,				Form No. :	4 2 7 6 3 5 7
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to the papers mentic	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 202103771	6 College: G	iopal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR	
	on : ATIL AVISHKAR Bi evanagari (Marathi	-		Mobile NO : 9	075665615
Gender: Male	Religion: HI	NDU Cast: Ma	ratha Physi	cal Disability NO	TAPPLICABLE
GOKUL SHIRGAG		PIN Code: 416234	Email ID: AVIF	202427@GMAIL.Co 	OM (Uni.Fee. 0)
Subject Details : 3/5 79684 Chemis 3/6 81674 Chemis			3/6 81667 English (0	• • • • • •	
3/6 81676 Chemis			3/6 81677 Chemistry	· · ·	
3/6 81678 Chemis	try Practical Cr. 8				
	elief. I understand				correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatu	ire & Seal (Please sign below)
Specimen Sigature:		, ,			

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2020029300	

					2020029306	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No.	: 4271877	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVERS	SITY,KOLHAI	PUR	
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.						
PRN: 2020029306	College : G	opal Krishna Ghokhale Colle	ege,Kolhapur.,KOL	HAPUR		
Personal Information	on :		N	lobile NO :	9604940284	
Full Name: PA	TIL BHUSHAN SH	HIVAJI				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HI	NDU Cast: Marat	na Physic	al Disability	NOT APPLICABLE	
Correspondence A	ddress:					
SHIVAJI CHOWK						
City KOLHAPUR		PIN Code: 416112	Email ID: bhush	nanpatil14@g	gmail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM V)						
Subject Details : 3/5 79684 Chemist	ry Paper XI Cr. 2		_			
Optional Subjects:						
	lief. I understand				and correct to the best of my or incorrect, my candidature is	
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly	Principal's Si in the box sh	gnature & Seal (Please sign own below)	
Specimen Sigature:						

					2020057712			
Manufactoria and and and and and and and and and an	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 2 7 6 4			
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR								
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2020057712	2 College: G	opal Krishna Ghokhale Co	bllege,Kolhapur. , KO	LHAPUR				
Personal Information	on : ATIL DIGVIJAY DIL	IP		Mobile NO : 9	096282767			
Write Name in De								
Gender: Male	Religion: HIN	IDU Cast: Mar	atha Physi	cal Disability NOT	APPLICABLE			
Correspondence A	ddress:							
AT POST SARAW	ADE							
City KOLHAPUR		PIN Code: 416212	Email ID: digu	patil7805@gmail.co	m			
Study Center: N	I.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details :								
3/6 81675 Chemist	• •		3/6 81676 Chemistry	Paper XV Cr. 2				
Optional Subjects:								
	lief. I understand				correct to the best of my orrect, my candidature is			
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signatu in the box shown b	re & Seal (Please sign elow)			
Specimen Sigature:								

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					2020037035		
SHIVAJI UNIVERSITY, KOLHAPUR Image: CBCS Semester VI (Chemistry) Application Form for B.Sc CBCS Semester VI (Chemistry) Image: CBCS Semester VI (Chemistry) Examination, March-2024 Image: CBCS Semester VI (Chemistry)							
To,				Form No.	4 2 7 2 0 0 7		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2020037035 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Information Full Name: PA Write Name in De	ATIL GURUPRASA			Mobile NO :	9 9 7 0 6 3 4 5 7 2		
		- -					
Gender: Male	Religion: HIN	NDU Cast: Marath	a Physic	cal Disability	NOT APPLICABLE		
Correspondence A	ddress:						
AP- KOULAGE TA	AL- KAGAL DIST- I	KOLHAPUR					
City KAGAL		PIN Code: 416408	Email ID: guru4	157200@gma	il.com		
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		_				
Optional Subjects:							
	lief. I understand				and correct to the best of my or incorrect, my candidature is		
Place:	Date:	Student's Signature (Please s in the box shown below)	gn strictly	Principal's Si in the box she	gnature & Seal (Please sign own below)		
Specimen Sigature:							

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SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Geology) Examination, March-2024								
To,					Form No	D. :	4 2	7 2 2 1 0
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR								
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Geology) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2020032072	2 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur.,KOL	LHA	PUR			
Personal Information	on :			Mob	ile NO :	9 1	1564	56372
Full Name: PA	TIL GURURAJ DI	IONDIRAM						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Marath	a Physi o	cal I	Disabilit	y NOT	APPLIC	CABLE
Correspondence Ac	ldress:							
RUMALE GALLI, I	PACHGAON							
City Kolhapur		PIN Code: 416002	Email ID: guru	rajp₄	43@gma	ail.com		
Study Center: N	.A.							
Fees Details:			Total Fee	₹:	0			(Uni.Fee. 0)
SEM VI)								
Subject Details : 3/6 81700 Geology	Paper XV Cr. 2		_					
Optional Subjects:								
	lief. I understand	all statements made in this that in the event of any i						
Place:	Date:	Student's Signature (Please si in the box shown below)	gn strictly		incipal's the box s	•		(Please sign
Specimen Sigature:								

					2021038649		
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,				Form No. :	4 2 7 7 9 5 3		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021038649 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Information	on :			Mobile NO : 966	65469109		
Full Name: PA	ATIL HARSHVARD	HAN MAHADAJI					
Write Name in De	evanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Phys	ical Disability NOT AF	PPLICABLE		
Correspondence A	ddress:						
City		PIN Code:	Email ID: PH	RSHVARDHAN106@0	GMAIL.COM		
Study Center: N	I.A.						
Fees Details:			Total Fe	∋₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)							
Subject Details : 3/5 79683 Chemist	try Paper X Cr. 2		3/5 79684 Chemistr	y Paper XI Cr. 2			
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistr	y Paper XIII Cr. 2			
3/6 81675 Chemist	try Paper XIV Cr. 2		3/6 81676 Chemistr	y Paper XV Cr. 2			
3/6 81677 Chemist	try Paper XVI Cr. 2		3/6 81678 Chemistr	y Practical Cr. 8			
Optional Subjects:			·				
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is							
knowledge and be liable to be cancelle		inat in the event of a	ny information being	iound faise or incorre	eci, my candidature is		
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature 8 in the box shown below			
Specimen Sigature:							

2020029291	
202002020	

					2020029291		
A CONTRACT OF CONTRACT.		IVAJI UNIVERSITY, H ion Form for B.Sc CBCS Examination, M	Semester VI (C	hemistry)	- Contraction		
To,				Form No. :	4 2 7 1 6 6 3		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2020029291 College: Gopal Krishna Ghokhale College,Kolhapur., KOLHAPUR							
Personal Information Full Name: PA Write Name in De	TIL MANTHAN VI			Mobile NO :	8 2 0 8 0 0 0 1 5 6		
Gender: Male	Religion: HI	NDU Cast: Marath	a Physi o	cal Disability	NOT APPLICABLE		
Correspondence A	ddress:						
JANKI NAGAR							
City KOLHAPUR		PIN Code: 416005	Email ID: patilr	nanthan1412(@gmail.com		
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81676 Chemist	ry Paper XV Cr. 2		-				
Optional Subjects:							
	elief. I understand				and correct to the best of my or incorrect, my candidature is		
Place:	Date:	Student's Signature (Please si in the box shown below)	gn strictly	Principal's Sig	gnature & Seal (Please sign own below)		
Specimen Sigature:							

					2020029316		
A CONTRACTOR OF THE CONTRACTOR		VAJI UNIVERSITY, ion Form for B.Sc CBC Examination, N	S Semester VI (0	Chemistry)			
To,				Form No. :	4 2 7 1 6 6 5		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
	e permission to he papers mentio	present myself at the B. ned below.	Sc CBCS Semest	er VI (Chemis	stry) exam to be held in		
PRN: 2020029316	6 College: G	opal Krishna Ghokhale Col	ege,Kolhapur.,KO	LHAPUR			
Personal Information				Mobile NO :	9 1 5 6 9 7 9 8 9 9		
Full Name: PA	ATIL OMKAR RAN	JIT					
Write Name in De	vanagari (Marathi	:					
Gender: Male	Religion: HIN	IDU Cast: Mara	tha Physi	cal Disability	NOT APPLICABLE		
Correspondence A	ddress:						
ITI SAMOR							
City KOLHAPUR		PIN Code: 416007	Email ID: patil	ranjit24@gmail.	com		
Study Center: N	I.A.						
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)							
Subject Details : 3/5 79684 Chemist	ny Paper XI Cr. 2	[·	3/6 81675 Chemistr	/ Paper XIV Cr ()		
					-		
Optional Subjects:							
	elief. I understand				nd correct to the best of my incorrect, my candidature is		
Place:	Date:	Student's Signature (Please in the box shown below)	sign strictly	Principal's Sig in the box sho	nature & Seal (Please sign wn below)		
Specimen Sigature:							

					2021037910	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,				Form No. : 4	276474	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPUR		
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chemistry) ex	am to be held in	
PRN: 2021037910) College: G	Sopal Krishna Ghokhale(College,Kolhapur. , KO	LHAPUR		
Personal Information	on :			Mobile NO: 885	5096932	
Full Name: PA	ATIL OMKAR SAM	BHAJI				
Write Name in De	vanagari (Marathi	i):				
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha Physi	cal Disability NOT APF	PLICABLE	
Correspondence A	ddress:					
KANERI						
City KOLHAPUR		PIN Code: 416234	Email ID: PAT	ILOMKAR5509@GMAIL.	СОМ	
Study Center: N	I.A.					
Fees Details: SEM V), SEM VI)			Total Fee	e₹: 0	(Uni.Fee. 0)	
Subject Details : 3/5 79683 Chemist	ry Paper X Cr. 2		3/5 79684 Chemistr	y Paper XI Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistr	y Paper XIII Cr. 2		
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistr	y Paper XV Cr. 2		
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistr	y Practical Cr. 8		
Optional Subjects:						
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature & S in the box shown below)		
Specimen Sigature:						

					2020029286	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No.	: 4271973	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION	N,SHIVAJI UNIVERS	SITY,KOLHAI	PUR	
· · ·	e permission to he papers mentio	present myself at the B.S ned below.	c CBCS Semeste	r VI (Cherr	nistry) exam to be held in	
PRN: 2020029286	6 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur. , KOL	HAPUR		
Personal Information	on :		Ν	Nobile NO :	9 1 5 8 8 2 8 3 4 8	
Full Name: PA	ATIL PRASAD ARU	IN				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Marath	a Physic	al Disability	NOT APPLICABLE	
Correspondence A	ddress:					
SOUNDALGA						
City BELGAUM		PIN Code: 591241	Email ID: hrush	ikeshpatil43(@gmail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81676 Chemist	ry Paper XV 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 si in the box shown below)	gn strictly	Principal's Si in the box sh	ignature & Seal (Please sign own below)	
Specimen Sigature:						

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202002110	50

					2020027130		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No.	: 4271670		
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,KOLHA	PUR		
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.						
PRN: 2020027130) College: G	opal Krishna Ghokhale Colle	ege,Kolhapur.,KOL	HAPUR			
Personal Information	on :			Mobile NO :	9359609695		
Full Name: PA	TIL PRATHAMES	HARUN					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HI	NDU Cast: Marath	na Physic	al Disability	NOT APPLICABLE		
Correspondence A	ddress:						
E WARD LAXMI (COLONY						
City KOLHAPUR		PIN Code: 416005	Email ID: patio	lprathamesh()85@gmail.com		
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		_				
Optional Subjects:							
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly	Principal's Si in the box sh	ignature & Seal (Please sign own below)		
Specimen Sigature:							

2020	030575
2020	030373

					2020030575	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. :	4 2 7 2 2 6 8	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION, SHI	AJI UNIVER	SITY,KOLHAPUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.						
PRN: 2020030575	College: G	Gopal Krishna Ghokhale College,Ko	hapur.,KOL	HAPUR		
Personal Information	on :			Mobile NO: 9	3 2 5 6 8 1 2 1 1	
Full Name: PA	TIL PRATHAMES	H MAHADEV				
Write Name in De	vanagari (Marathi	i):				
Gender: Male	Religion: HI	NDU Cast: Maratha	Physic	al Disability NO	TAPPLICABLE	
Correspondence A	ddress:					
NIGAVE						
City KOLHAPUR		PIN Code: 416207 Em	ail ID: prath	ameshpatil2425@	gmail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)						
Subject Details :			74 Chamiata			
3/5 79684 Chemist		3/6 810	74 Chemistry	Paper XIII Cr. 2		
3/6 81675 Chemist						
Optional Subjects:						
	elief. I understand	all statements made in this applic I that in the event of any inform				
Place:	Date:	Student's Signature (Please sign stri in the box shown below)	ctly	Principal's Signatu in the box shown b	ure & Seal (Please sign pelow)	
Specimen Sigature:						

					2020030099	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No.	: 4272618	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHA	PUR	
	permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chem	nistry) exam to be held	
PRN: 2020050699	College : G	Gopal Krishna Ghokhale(College,Kolhapur. , KO	LHAPUR		
Personal Information	on :			Mobile NO :	7709728392	
Full Name: PA	TIL PRATIK BHA	RAT				
Write Name in De	vanagari (Marathi	i):				
Gender: Male	Religion: HI	NDU Cast: Ma	aratha Physi	cal Disability	NOT APPLICABLE	
Correspondence A	ddress:					
MHALUNGE						
City KOLHAPUR		PIN Code: 416207	Email ID: patil	8913@gmail.c	com	
Study Center: N	I.A.					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	/ Paper XV 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 (Plea in the box shown below)	se sign strictly	Principal's Si in the box sh	ignature & Seal (Please sign own below)	
Specimen Sigature:						

						2021038208
		IVAJI UNIVERSITY ition Form for B.Sc CI Examination	BCS Sem	ester VI (Geology)	E
То,					Form No. :	4 2 7 7 0 7 2
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIV	AJI UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentic	present myself at the ned below.	B.Sc CB	CS Semest	er VI (Geology) exam to be held in
PRN: 2021038208	8 College: G	opal Krishna Ghokhale C	ollege,Koll	napur. , KO	LHAPUR	
Personal Information	on :				Mobile NO : 8	8 3 0 2 6 4 8 1 9
Full Name: PA	ATIL PRITHVIRAJ	SATAYWAN				
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: HI	NDU Cast: Ma	ratha	Physi	cal Disability NO	OT APPLICABLE
Correspondence A	ddress:					
KASBA BAWDA						
City KOLHAPUR		PIN Code: 416003	Ema	il ID: 4444	4RP2001@GMAIL	.COM
Study Center: N	I.A.					
Fees Details:				Total Fee	e₹: 0	(Uni.Fee. 0)
SEM III), SEM V),	SEM VI)					
Subject Details : 2/3 73306 Geology	/ Paper V & VI Cr. 4		3/5 7970	3 Geology F	Paper IX Cr. 2	
3/5 79704 Geology	/ Paper X Cr. 2		3/6 8166	7 English (C	Compulsory) Cr. 0	
3/6 81698 Geology	/ Paper XIII Cr. 2		3/6 8169	9 Geology F	Paper XIV Cr. 2	
3/6 81700 Geology	/ Paper XV Cr. 2		3/6 8170	1 Geology F	Paper XVI Cr. 2	
3/6 81702 Geology	/ Practical Cr. 8					
Optional Subjects:						
	elief. I understand	that in the event of a	ny informa	tion being		correct to the best of m correct, my candidature i
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strid	tly	Principal's Signate in the box shown	ure & Seal (Please sign below)
Specimen Sigature:						

							2020029275
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,					Form No.	:	4 2 7 1 8 7 4
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ		SITY,KOLHA	PUR	
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chen	nistry)	exam to be held in
PRN: 2020029275	5 College: G	opal Krishna Ghokhale(college,Kolha	pur., KOL	HAPUR		
Personal Information	on :				Mobile NO :	838	31053016
Full Name: PA	ATIL ROHAN RAJA	ARAM					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	al Disability	NOT A	PPLICABLE
Correspondence A	ddress:						
MADHALA MAL							
City KOLHAPUR		PIN Code: 416008	Email	ID: rp232	23patil@gma	il.com	
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr 2		3/5 79683	Chemistry	Paper X Cr. 2)	
	ry Paper XI Cr. 2		3/5 79685	· · ·	Paper XII Cr.		
	ry Paper XIII Cr. 2				Paper XIV Cr		
3/6 81677 Chemist					· ·		
Optional Subjects:							
	elief. I understand	all statements made in I that in the event of a					
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	y	Principal's S in the box sh		k Seal (Please sign w)
Specimen Sigature:							

					2021041021			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
To,				Form No. : 4 2	7 8 5 2 6			
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR								
· ·	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.							
PRN: 202104102 ⁻	1 College : G	opal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR				
Personal Information	on :			Mobile NO : 9 2 8 4	893543			
Full Name: PA	ATIL SAHIL SATAR	AM						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Mai	ratha Physi	cal Disability NOT APPL	ICABLE			
Correspondence A	ddress:							
MHAKAVE								
City KOLHAPUR		PIN Code: 416216	Email ID: PAT	ILSATARAM@GMAIL.COM	Λ			
Study Center: N	I.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81716 Computer	r Science Paper XIII Cr. 2				
3/6 81717 Compute	er Science Paper XI	/ Cr. 2	3/6 81718 Computer	r Science Paper XV Cr. 2				
3/6 81719 Compute	er Science Paper XV	'l Cr. 2	3/6 81720 Computer	r Science Practical Cr. 8				
Optional Subjects:								
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signature & Sea in the box shown below)	al (Please sign			
Specimen Sigature:								

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202002110	

					2020027137				
		IVAJI UNIVERSITY tion Form for B.Sc CB Examination	-	Chemistry)					
То,				Form No. :	4 2 7 1 8 0 3				
The DIRECTOR,	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR								
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.									
PRN: 202002713	7 College: G	Gopal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR					
Personal Information	on :			Mobile NO: 7 4	99775805				
Full Name: PA	ATIL SAINATH DN	YANDEV							
Write Name in De	vanagari (Marathi	i):							
Gender: Male	Religion: HI	NDU Cast: Ma	ratha Physi	cal Disability NOT	APPLICABLE				
Correspondence A	ddress:								
ARJUN NAGAR									
City KOLHAPUR		PIN Code: 416216	Email ID: sain	athpatil3102002@gr	nail.com				
Study Center: N	I.A.								
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)				
SEM V), SEM VI)									
Subject Details : 3/5 79682 Chemist	rv Paper IX Cr. 2		3/5 79683 Chemistr	Paper X Cr 2					
	ry Paper XII Cr. 2		3/6 81674 Chemistr						
3/6 81675 Chemistry Paper XIV 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 (Pleas in the box shown below)	e sign strictly	Principal's Signatur in the box shown be	e & Seal (Please sign elow)				
Specimen Sigature:									

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								2021041020
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
То,					For	m No. :	42	78525
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	FION,SHIVAJ	I UNIVER	SITY,K	OLHAPUF	२	
	permission to pi r the papers mer	resent myself at the B. ntioned below.	Sc CBCS S	emester V	VI (Cor	mputer So	cience)	exam to be held
PRN : 2021041020	College: G	Gopal Krishna Ghokhale C	college,Kolha	pur.,KOI	LHAPU	IR		
Personal Information	on :				Mobile N	NO : 9	9421	209393
Full Name: PA	ATIL SAIRAJ JALI	NDAR						
Write Name in De	evanagari (Marathi	i):						
Gender: Male	Religion: HI	NDU Cast: Ma	iratha	Physi	cal Disa	ability N	OT APPLI	CABLE
Correspondence A	ddress:							
MANGALWAR PE	TH							
City KOLHAPUR		PIN Code: 416012	Email	ID: PSA	IRAJ12	27@GMAII	L.COM	
Study Center: N	I.A.							
Fees Details:				Total Fee	e₹: 0)		(Uni.Fee. 0)
SEM V), SEM VI)								
Subject Details : 3/5 79729 Comput	er Science Paper X	Cr. 2	3/6 81667	English (C	Compuls	sory) Cr. 0		
3/6 81716 Comput	er Science Paper XII	II Cr. 2	3/6 81717	Computer	Science	e Paper XI\	/ Cr. 2	
·	er Science Paper XV		3/6 81719					
·			•	· ·				
3/6 81720 Computer Science Practical Cr. 8								
Optional Subjects:								
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/		pal's Signa box showr		l (Please sign
Specimen Sigature:							,	

						2021040866
		IVAJI UNIVERSIT ion Form for B.Sc CE Examination	SCS Semes	ter VI (Cl	nemistry)	
To,					Form No. :	4 2 7 7 5 3 8
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ	I UNIVERS	ITY,KOLHAPUI	R
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chemistr	ry) exam to be held in
PRN: 202104086	6 College : G	opal Krishna Ghokhale(College,Kolha	our. , KOL	HAPUR	
Personal Information	on : ATIL SANKET ANK	(USH		N	lobile NO :	7 3 8 5 2 9 6 6 9 7
	vanagari (Marathi					
Gender: Male	Religion: HIN		aratha	Physic	al Disability N	OT APPLICABLE
Correspondence A	ddress:					
GORAMBE						
City KOLHAPUR		PIN Code: 416216	Email I	D: PATIL	SANKET6697@	∮GMAIL.COM
Study Center: N	I.A.					
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(Uni.Fee. 0)
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79684	Chemistry	Paper XI Cr. 2	
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674	Chemistry	Paper XIII Cr. 2	
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676	Chemistry	Paper XV Cr. 2	
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678	Chemistry	Practical Cr. 8	
Optional Subjects:						
	elief. I understand					d correct to the best of my incorrect, my candidature is
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Signa in the box showr	ature & Seal (Please sign n below)
Specimen Sigature:						

202	0057	000
202	0057	000

					2020057808	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No.	4 2 7 2 7 7 3	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION, SHIVA	JI UNIVER	SITY,KOLHAF	٧UR	
	e permission to he papers mentio	present myself at the B.Sc CBC ned below.	S Semeste	er VI (Chem	istry) exam to be held in	
PRN: 2020057808	3 College: G	opal Krishna Ghokhale College,Kolh	apur.,KOI	HAPUR		
Personal Information	on :			Mobile NO :	9922373086	
Full Name: PA	ATIL SHAKTI JAYK	UMAR				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: JAI	N Cast: PANCHAL	Physi	cal Disability	NOT APPLICABLE	
Correspondence A	ddress:					
S 6 NARAYAN VII	HAR APARTMENT	555 3 1 RAJENDRANAGAR NEAR	WATER TA	NK		
City KOLHAPUR		PIN Code: 416008 Emai	I ID: shak	tipatil@gmail.	com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)						
Subject Details : 3/5 79683 Chemist	ry Paper X Cr. 2	3/6 8167	5 Chemistry	Paper XIV Cr	2	
3/5 79683 Chemistry Paper X Cr. 2 3/6 81675 Chemistry Paper XIV Cr. 2						
Optional Subjects:						
	elief. I understand	all statements made in this applica that in the event of any informa				
Place:	Date:	Student's Signature (Please sign stric in the box shown below)	tly	Principal's Si in the box sh	gnature & Seal (Please sign own below)	
Specimen						

Sigature:

						2021037849
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,					Form No. :	4 2 7 6 3 6 3
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVAJ	I UNIVERS	SITY,KOLHAPU	R
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chemist	ry) exam to be held in
PRN: 2021037849	College : G	iopal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR	
Personal Information	on : ATIL SHIVAM SUB	HASH		Ν	Mobile NO :	9 0 2 2 1 2 6 8 4 4
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	al Disability N	IOT APPLICABLE
Correspondence A	ddress:					
NANA PATIL NAG	AR					
City KOLHAPUR		PIN Code: 416010	Email	ID: SHIV	AMPATIL3405@	GMAIL.COM
Study Center: N	I.A.					
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(Uni.Fee. 0)
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0	
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	
3/6 81678 Chemist	ry Practical Cr. 8					
Optional Subjects:						
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's Signation in the box show	ature & Seal (Please sign m below)
Specimen Sigature:						

						2020041115
Managaruter Barnaya ang	Application Form for	VERSITY, KOLH or B.Sc CBCS Sem kamination, March-2	ester VI (Ch	emistry)		
To,				Form No. :	42	7 2 4 2 7
The DIRECTOR, BC	OARD OF EXAMINATIONS AN	ND EVALUATION, SHIV	AJI UNIVERS	TY,KOLHAP	UR	
	permission to present mys papers mentioned below.	elf at the B.Sc CB	CS Semester	VI (Chemi	stry) exar	n to be held in
PRN: 2020041115	College: Gopal Krishna	Ghokhale College,Kol	napur.,KOLH	IAPUR		
Personal Information Full Name: PATI Write Name in Deva	L SHIVTEJ BAJIRAO		M	obile NO :	9119	4 6 0 1 6 6
Gender: Male	Religion: HINDU	Cast: Maratha	Physica	I Disability	NOT APPLI	CABLE
Correspondence Add	ress:					
City KOLHAPUR	PIN Code	: 416234 Em a	il ID: shivtej	patil@gmail.	com	
Study Center: N.A						
Fees Details: SEM V), SEM VI)			Total Fee ₹	: 0		(Uni.Fee. 0)
Subject Details : 3/5 79683 Chemistry	Paper X. Cr. 2	3/6 816	4 Chemistry F	Paper XIII Cr	2	
3/6 81675 Chemistry			6 Chemistry F			
Optional Subjects:						

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

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

						2020029209
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form I	No. :	4 2 7 1 6 7 8
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION	I,SHIVAJI UNIVER	SITY,KOL	HAPUR	
	e permission to he papers mentic	present myself at the B.S med below.	c CBCS Semest	er VI (Cl	nemistry)	exam to be held in
PRN: 2020029289	9 College : G	opal Krishna Ghokhale Colle	ge,Kolhapur.,KOl	HAPUR		
Personal Information	on :			Mobile NO	: 96	65048568
Full Name: PA	ATIL SHON KRUSH	HNAT				
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: HI	NDU Cast: Marath	a Physi	cal Disabi	lity NOT	APPLICABLE
Correspondence A	ddress:					
GADMUDSHINGI						
City KOLHAPUR		PIN Code: 416119	Email ID: shor	patil715@	gmail.con	ı
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0		(Uni.Fee. 0)
SEM VI)						
Subject Details : 3/6 81675 Chemist	try Paper XIV 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 si in the box shown below)	gn strictly		's Signatur k shown be	e & Seal (Please sign llow)
Specimen Sigature:						

					2020057805
A CONTRACTOR OF A CONTRACTOR O		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	CS Semester VI (C	Chemistry)	
To,				Form No. :	4 2 7 2 7 7 4
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPU	JR
•	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemis	try) exam to be held in
PRN: 2020057805	5 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR	
	ATIL SHREYASH S			Mobile NO :	9 2 8 4 9 9 8 9 6 4
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability	NOT APPLICABLE
Correspondence Ad plot no 81 3 rd lar City kolhapur Study Center: N	ne maner mala uno	chgaon PIN Code: 416005	Email ID: patil	shreyash@gmai	il.com
Fees Details: SEM V), SEM VI)			Total Fee	e₹: 0	(Uni.Fee. 0)
Subject Details : 3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81675 Chemistry	/ Paper XIV Cr. 2	· · · · · · · · · · · · · · · · · · ·
Optional Subjects:					
	elief. I understand			•	nd correct to the best of my incorrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Sigr in the box show	nature & Seal (Please sign vn below)
Specimen					

Sigature:

					2021035776		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 6 3 5 2		
The DIRECTOR, I	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR						
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semes	er VI (Chemistry)	exam to be held in		
PRN: 2021035776	6 College: G	opal Krishna Ghokhale C	College,Kolhapur.,KC	LHAPUR			
	ATIL SHRITEJ SUN			Mobile NO : 7(0 6 6 9 3 9 6 8 1		
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha Phys	ical Disability NOT	APPLICABLE		
Correspondence A	ddress:						
ARJUNWADA							
City KOLHAPUR		PIN Code: 416208	Email ID: SHF	RITEJPATIL08@GM/	AIL.COM		
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)			Total Fe	e₹: 0	(Uni.Fee. 0)		
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79684 Chemistr	y Paper XI Cr. 2			
3/6 81667 English			3/6 81674 Chemistr				
3/6 81675 Chemist			3/6 81676 Chemistr				
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistr	y Practical Cr. 8			
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	re & Seal (Please sign elow)		
Specimen Sigature:							

						2021035760	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,					Form No. :	4 2 7 6 3 4 7	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021035760	PRN: 2021035760 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR						
Full Name: PA	Personal Information : Mobile NO : 7 4 9 9 1 4 2 4 8 2 Full Name: PATIL SOURABH SIDRAM Write Name in Devanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	cal Disability NOT	APPLICABLE	
Correspondence A	ddress:						
MHAKVE							
City KOLHAPUR		PIN Code: 416216	Email I	D: SOU	RABHA123@GMAI	L.COM	
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)							
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682	Chemistry	Paper IX Cr. 2		
3/5 79684 Chemist	ry Paper XI Cr. 2		3/5 79685	Chemistry	Paper XII Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674	Chemistry	Paper XIII Cr. 2		
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676	Chemistry	Paper XV Cr. 2		
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678	Chemistry	Practical Cr. 8		
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	'	Principal's Signatur	e & Seal (Please sign elow)	
Specimen Sigature:		<i>_</i>					

				2020029309			
Winter and	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,			Form No. :	4 2 7 1 8 5 1			
The DIRECTOR, I	BOARD OF EXAM	NATIONS AND EVALUATION, SHIVAJI UNIVER	RSITY,KOLHAPUR				
	permission to he papers mentio	present myself at the B.Sc CBCS Semes ned below.	er VI (Chemistry)	exam to be held in			
PRN: 2020029309	College : G	opal Krishna Ghokhale College,Kolhapur.,KC	LHAPUR				
Personal Information	on :		Mobile NO: 7 6	6 6 7 0 1 8 7 0			
Full Name: PA	TIL SURAJ PRAT	AP					
Write Name in De	vanagari (Marathi	:					
Gender: Male	Religion: HIN	IDU Cast: Maratha Phys	ical Disability NOT	APPLICABLE			
Correspondence A	ddress:						
NIGAVE							
City KOLHAPUR		PIN Code: 416012 Email ID: sura	ijpatil@gmail.com				
Study Center: N	I.A.						
Fees Details:		Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)							
Subject Details :	n/Danar VI. Cr. 2	2/0 94674 Chamiet					
3/5 79684 Chemist		3/6 81674 Chemistr					
3/6 81675 Chemist							
Optional Subjects:							
	lief. I understand	Il statements made in this application are to that in the event of any information being					
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature in the box shown be				
Specimen Sigature:							

						2020029270
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No.	:	4 2 7 1 8 0 5
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION, SH	VAJI UNIVER	SITY,KOLHA	PUR	
	e permission to he papers mentic	present myself at the B.Sc C ned below.	BCS Semeste	er VI (Chen	nistry)	exam to be held in
PRN: 2020029270) College: G	opal Krishna Ghokhale College,K	olhapur. , KOL	.HAPUR		
Personal Information Full Name: PA Write Name in De	ATIL TUSHAR BAL		I	Mobile NO :	76	520901646
write name in De	vanagari (Marathi):				
Gender: Male	Religion: HI	NDU Cast: Maratha	Physic	al Disability	NOT	APPLICABLE
Correspondence A	ddress:					
MARGAI GALLI						
City KOLHAPUR		PIN Code: 416207 En	nail ID: tp71	50910@gmai	l.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0		(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79684 Chemist	ry Paper XI Cr. 2	3/6 81	675 Chemistry	Paper XIV Cr	. 2	
Optional Subjects:						
	lief. I understand	all statements made in this appl that in the event of any inforr				
Place:	Date:	Student's Signature (Please sign st in the box shown below)	rictly	Principal's S in the box sh		re & Seal (Please sign elow)
Specimen Sigature:						

							2021041029	
A CONTRACTOR OF THE OWNER	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
To,					Form N	No.: 4	278528	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJ	I UNIVER	SITY,KOLI	HAPUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2021041029	College : G	iopal Krishna Ghokhale C	ollege,Kolha;	pur.,KOI	LHAPUR			
Personal Information	on :				Mobile NO	: 855	2088024	
Full Name: PA	TIL TUSHAR UDA	AY						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	ıratha	Physi	cal Disabil	lity NOTAPI	PLICABLE	
Correspondence A	ddress:							
KUMARI								
City KOLHAPUR		PIN Code: 416504	Email I	D: TUP	@GMAIL.(СОМ		
Study Center: N	I.A.							
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)	
SEM V), SEM VI)								
Subject Details : 3/5 79729 Compute	er Science Paper X	Cr. 2	3/6 81667	English (C	Compulsory)) Cr. 0		
3/6 81716 Compute	•					aper XIV Cr. 2		
3/6 81718 Comput	er Science Paper XV	′ Cr. 2	3/6 81719	Computer	Science Pa	aper XVI Cr. 2		
3/6 81720 Compute	er Science Practical	Cr. 8						
Optional Subjects:								
	lief. I understand	all statements made in t that in the event of a						
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	,		s Signature & S shown below	Seal (Please sign)	
Specimen Sigature:								

2021	040539
2021	0-0000

					2021040539		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No. :	4 2 7 7 9 6 6		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	ION,SHIVAJI UNIVER	SITY,KOLHAPUR			
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.						
PRN: 202104053	9 College : G	opal Krishna Ghokhale C	ollege,Kolhapur.,KOL	HAPUR			
Personal Information	on :			Mobile NO : 7 8	7 5 3 5 9 1 8 5		
Full Name: PA	ATIL VIJAY RAMCI	HANDRA					
Write Name in De	evanagari (Marathi):					
Gender: Male	Religion: HI	NDU Cast: Ma	ratha Physic	cal Disability NOT A	APPLICABLE		
Correspondence A	ddress:						
City		PIN Code:	Email ID: VP06	64922@GMAIL.COM			
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)							
Subject Details : 3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79684 Chemistry	Paper XI Cr. 2			
3/5 79685 Chemist	try Paper XII Cr. 2		3/6 81667 English (C	compulsory) Cr. 0			
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675 Chemistry	Paper XIV Cr. 2			
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677 Chemistry	Paper XVI Cr. 2			
3/6 81678 Chemist	try Practical Cr. 8						
Optional Subjects:	:						
	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is						
	-	Student's Signature (Plea	se sign strictly	Principal's Signature	& Seal (Please sign		
Place:	Date:	in the box shown below)	U V	in the box shown bel			
Specimen Sigature:							

					2020030577
ALL CONTRACTOR		VAJI UNIVERSITY, ion Form for B.Sc CBC Examination,	CS Semester VI (C	hemistry)	
To,				Form No.	4 2 7 2 2 6 6
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATI	ON,SHIVAJI UNIVER	SITY,KOLHAF	PUR
	e permission to he papers mentio	present myself at the B ned below.	S.Sc CBCS Semeste	er VI (Chem	istry) exam to be held in
PRN: 202003057	7 College: G	opal Krishna Ghokhale Co	llege,Kolhapur. , KOl	HAPUR	
Personal Information	on :			Mobile NO :	9011562878
Full Name: PA	ATIL VIRAJ VINAY	AK			
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	IDU Cast: Mara	atha Physi	cal Disability	NOT APPLICABLE
Correspondence A	ddress:				
MALE					
City KOLHAPUR		PIN Code: 416114	Email ID: viraj	oatil98292@gi	mail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	Paper XIV Cr.	2
Optional Subjects:					
	elief. I understand	that in the event of any	y information being		and correct to the best of my or incorrect, my candidature is
Place:	Date:	Student's Signature (Please in the box shown below)	e sign strictly	Principal's Si in the box sh	gnature & Seal (Please sign own below)
Specimen Sigature:					

						2021040850
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,					Form No. :	4 2 7 7 2 8 7
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVAJ	I UNIVER	SITY,KOLHAPU	JR
	e permission to p he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chemist	try) exam to be held in
PRN: 2021040850) College: G	opal Krishna Ghokhale C	College,Kolha	pur., KOl	HAPUR	
Personal Information					Mobile NO :	8 0 8 0 5 4 3 1 3 8
	ATIL VISHWAJEET					
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physic	cal Disability N	NOT APPLICABLE
Correspondence A	ddress:					
235 E WARD YAD	AV NAGAR					
City KOLHAPUR		PIN Code: 416008	Email I	I D: VP66	678831@GMAIL	COM
Study Center: N	I.A.			Total Fee	≖ . ∩	
Fees Details: SEM IV), SEM V),	SEM VI)			ไปเล่า กระ	₹: 0	(Uni.Fee. 0)
Subject Details : 2/4 78909 Chemist	ry Paper VII & VIII (Cr. 8	2/4 78910	Botany Pa	aper VII & VIII Cr.	8
2/4 78911 Zoology	Paper VII & VIII Cr.	8	3/5 79671	English (C	compulsory) Cr. 0)
3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79683	Chemistry	Paper X Cr. 2	
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667	English (C	compulsory) Cr. 0)
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	
3/6 81678 Chemist	ry Practical Cr. 8					
Optional Subjects:						
	elief. I understand					nd correct to the best of m incorrect, my candidature i
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	'	Principal's Sign in the box show	iature & Seal (Please sign vn below)

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

					2020020852
SI Applic					
To,				Form No. :	4 2 7 1 6 7 9
The DIRECTOR, BOARD OF EXA	MINATIONS AND EVALU	IATION,SHIVA	JI UNIVERSI	TY,KOLHAF	PUR
Sir,I request the permission to March-2024 for the papers men		e B.Sc CBCS	S Semester	VI (Chem	istry) exam to be held in
PRN: 2020020852 College:	Gopal Krishna Ghokhale	College,Kolha	apur., KOLH	APUR	
Personal Information : Full Name: PATIL VISHWAJIT Write Name in Devanagari (Marat			Мо	bile NO :	7 5 1 7 2 2 7 5 0 0
Gender: Male Religion: H		Maratha	Physical	Disability	NOT APPLICABLE
Correspondence Address:					
GADMUDSHINGI					
City KOLHAPUR	PIN Code: 416119	Email	ID: vishwaj	itpatil1407@	⊉gmail.com
Study Center: N.A.					
Fees Details:			Total Fee ₹:	0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79682 Chemistry Paper IX Cr. 2		3/5 79685	Chemistry Pa	aper XII Cr. 2	2
3/6 81674 Chemistry Paper XIII Cr. 2	2	3/6 81675	Chemistry Pa	aper XIV Cr.	2
Optional Subjects:					
Declaration: I hereby declare that knowledge and belief. I understar liable to be cancelled or reject.					

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

					2021040916		
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,				Form No. : 4 2	277762		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	LION,SHIVAJI UNIVER	SITY,KOLHAPUR			
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chemistry) exa	am to be held in		
PRN: 202104091	6 College: G	Gopal Krishna Ghokhale (college,Kolhapur. , KO	LHAPUR			
Personal Information	on :			Mobile NO: 8530	147657		
Full Name: P/	ATIL VIVEK JAGD	SH					
Write Name in De	evanagari (Marathi	i):					
Gender: Male	Religion: HI	NDU Cast: Ma	ratha Physi	cal Disability NOT APP	LICABLE		
Correspondence A							
NIGAVE KHALSA							
City KOLHAPUR		PIN Code: 416007	Email ID: VIVE	EKPATIL7909@GMAIL.C	МС		
Study Center: N	I.A.						
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)							
Subject Details :			1				
3/5 79682 Chemist			3/5 79684 Chemistry				
	try Paper XII Cr. 2		3/6 81667 English (0				
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675 Chemistr	/ Paper XIV Cr. 2			
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677 Chemistry	/ Paper XVI Cr. 2			
3/6 81678 Chemist	try Practical Cr. 8						
Optional Subjects:	:						
	elief. I understand	all statements made in I that in the event of a					
	-	Student's Signature (Plea	se sign strictly	Principal's Signature & Se	eal (Please sign		
Place:	Date:	in the box shown below)		in the box shown below)			
Specimen Sigature:							

202	0034744
202	000-1

					2020034744
		IVAJI UNIVERSITY, KOL tion Form for B.Sc CBCS Se Examination, March	mester VI (Ch	emistry)	
To,				Form No.	4 2 7 2 2 5 9
The DIRECTOR,	BOARD OF EXAN	IINATIONS AND EVALUATION, SH	IVAJI UNIVERS	ITY,KOLHA	PUR
•	e permission to he papers mentio	present myself at the B.Sc C oned below.	BCS Semester	VI (Chem	nistry) exam to be held in
PRN: 2020034744	4 College: C	Gopal Krishna Ghokhale College,K	olhapur.,KOLł	IAPUR	
	on : ATIL VIVEK NAMD evanagari (Marath		Μ	obile NO :	9075980164
Gender: Male	Religion: HI	NDU Cast: Maratha	Physica	al Disability	NOT APPLICABLE
Correspondence A	ddress:				
tarshinal taluka ch	nandgad jilha kolha	ipur			
City KOLHAPUR		PIN Code: 416509 Er	nail ID: vivekp	atil93226@	gmail.com
Study Center: N	I.A.				
Fees Details:			Total Fee ₹	t: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79685 Chemist	try Paper XII Cr. 2	3/6 81	675 Chemistry F	Paper XIV Cr	r. 2
Optional Subjects:					
	elief. I understand	all statements made in this app I that in the event of any infor	mation being fo	ound false	or incorrect, my candidature i
Place:	Date:	Student's Signature (Please sign si in the box shown below)		Principal's Si in the box sh	ignature & Seal (Please sign nown below)
Specimen Sigature:					

						2020041106
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,					Form No. :	4 2 7 2 4 2 9
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI	UNIVERS	ITY,KOLHAPUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semester	VI (Chemistry) exam to be held in
PRN: 2020041106	6 College: G	opal Krishna Ghokhale	College,Kolhap	ur., KOLI	HAPUR	
Personal Information	on :			м	lobile NO : 9	156598948
Full Name: PA	AWAR SHIVAM PU	NDLIK				
Write Name in De	evanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: M	aratha	Physica	al Disability NO	T APPLICABLE
Correspondence A	ddress:					
NEW BALAGI PA	RK					
City KOLHAPUR		PIN Code: 416007	Email ID): shivar	npawar@gmail.c	om
Study Center: N	I.A.					
Fees Details:			٦	Total Fee ₹	₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79682 Chemist	try Paper IX Cr. 2		3/6 81667 I	English (Co	ompulsory) Cr. 0	
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675 (Chemistry I	Paper XIV Cr. 2	
3/6 81678 Chemist	try Practical Cr. 8					
Optional Subjects:						
	elief. I understand					correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Signate in the box shown	ure & Seal (Please sign below)
Specimen Sigaturo:						
Sigature:	1					

2020020252

		2020029252
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Ch Examination, March-2024	emistry)	
То,	Form No. :	4 2 7 1 8 7 5
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERS	TY,KOLHAPUR	
Sir,I request the permission to present myself at the B.Sc CBCS Semester March-2024 for the papers mentioned below.	VI (Chemistry)	exam to be held in
PRN: 2020029252 College: Gopal Krishna Ghokhale College, Kolhapur., KOLH	IAPUR	
Personal Information : M	obile NO: 79	7 2 1 9 5 9 6 1
Full Name: POTDAR RUTURAJ SANJAY		
Write Name in Devanagari (Marathi):		
Gender: Male Religion: HINDU Cast: SONAR Physica	I Disability NOT A	PPLICABLE
Correspondence Address:		
AZAD CHOWK		
City KOLHAPUR PIN Code: 416216 Email ID: ruturaj	potdar1989@gmail.	com
Study Center: N.A.		
Fees Details: Total Fee ₹	: 0	(Uni.Fee. 0)
SEM V), SEM VI)		
Subject Details :		
3/5 79685 Chemistry Paper XII Cr. 2 3/6 81674 Chemistry F		
3/6 81675 Chemistry Paper XIV Cr. 2 3/6 81676 Chemistry F	aper XV 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 Sigature:			

					2021038175
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024					
To,				Form No. :	4 2 7 6 5 3 3
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	LION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 202103817	5 College: G	iopal Krishna Ghokhale C	ollege,Kolhapur. , KO	LHAPUR	
	on : OWAR DIPAK SAN evanagari (Marathi			Mobile NO : 96	07738376
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT	APPLICABLE
Correspondence A SHENDUR City KOLHAPUR Study Center: N		PIN Code: 416232	Email ID: POV	VARDIPAK37@GMA	IL.COM
Fees Details: SEM V), SEM VI)			Total Fee	₹: 0	(Uni.Fee. 0)
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79684 Chemistry	Paper XI Cr. 2	
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistry	Paper XIII Cr. 2	
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	Paper XV Cr. 2	
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistry	Practical Cr. 8	
Optional Subjects:					
	elief. I understand	all statements made in t that in the event of a			
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature in the box shown be	e & Seal (Please sign low)
Specimen Sigature:					

					2020029303
A CONTRACTOR OF		VAJI UNIVERSITY ion Form for B.Sc CB Examination,	CS Semester VI (0	Chemistry)	
To,				Form No. :	4 2 7 1 7 9 8
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	permission to he papers mentio	present myself at the line held below.	B.Sc CBCS Semest	er VI (Chemistry	r) exam to be held in
PRN: 2020029303	3 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR	
Personal Information	on :			Mobile NO : 9	579142423
Full Name: PO	OWAR SANKET JA	YSING			
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	IDU Cast: Ma	ratha Physi	cal Disability NC)T APPLICABLE
Correspondence A	ddress:				
ISPURLI					
City KOLHAPUR		PIN Code: 416207	Email ID: san	ketpowar0516@gn	nail.com
Study Center: N	I.A.				
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79682 Chemist	ny Paper IX Cr. 2		3/6 81675 Chemistr	Paper XIV Cr. 2	
Optional Subjects:					
	lief. I understand				correct to the best of my acorrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signat in the box shown	ure & Seal (Please sign below)
Specimen Sigature:					

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2021	0-0100	•

						2021043106			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024									
То,					Form No. :	4 2 7 8 2 3 8			
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR									
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.									
PRN: 2021043108 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR									
Personal Information	on :			М	obile NO : 784	3055784			
Full Name: PI	RASAD VIVEK KA	LPNATH							
Write Name in De	vanagari (Marathi):							
Gender: Male	Religion: HIN	NDU Cast: CH	IAMBHAR	Physica	al Disability NOT AF	PLICABLE			
Correspondence A	ddress:								
City		PIN Code:	Email ID:	VIVEK	PRASAD019@GMA				
Study Center: N	IA		Entañ 19.			12.001			
Fees Details:			Tot	tal Fee ₹	: 0	(Uni.Fee. 0)			
SEM VI)									
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81716 Co	omputer S	cience Paper XIII Cr. 2	2			
3/6 81717 Comput	er Science Paper XIV	/ Cr. 2	3/6 81718 Co	omputer S	cience Paper XV Cr. 2				
3/6 81719 Comput	er Science Paper XV	1 Cr. 2	3/6 81720 Co	omputer S	cience Practical Cr. 8				
Optional Subjects:									
	elief. I understand	all statements made in t that in the event of a							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly		Principal's Signature & in the box shown below				
Specimen Sigature:									

						2021035769				
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024										
То,					Form No. :	4 2 7 6 3 4 9				
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	TION, SHIVAJ	UNIVERS	SITY,KOLHAF	PUR				
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS	Semeste	r VI (Chemi	istry) exam to be held in				
PRN: 2021035769	9 College : G	Sopal Krishna Ghokhale	College,Kolha	pur. , KOL	HAPUR					
Personal Information	on :			Ν	Nobile NO :	9423587296				
Full Name: Pl	UJARI SARTHAK	SOMDEV								
Write Name in De	evanagari (Marathi	i):								
Gender: Male	Religion: HI	NDU Cast: D	HANGAR	Physic	al Disability	NOT APPLICABLE				
Correspondence A	ddress:									
SHIROLI										
City KOLHAPUR		PIN Code: 416122	Email	ID: PUJA	RISARTHAK	7296@GMAIL.COM				
Study Center: N	I.A.									
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(Uni.Fee. 0)				
Subject Details : 3/5 79685 Chemist	try Paper XII Cr. 2		3/6 81667	English (Co	ompulsory) Cr.	.0				
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr.	2				
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr.	2				
3/6 81678 Chemist										
Optional Subjects:										
	elief. I understand					and correct to the best of my r incorrect, my candidature is				
Place:	Date:	Student's Signature (Plea in the box shown below)		/	Principal's Sig	gnature & Seal (Please sign own below)				
Specimen Sigature:										

										2021040793
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024										
To,							Form No). :	427	7065
The DIRECTOR,	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR									
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.										
PRN: 2021040793 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR										
Personal Information	on :					Mob	ile NO :	74	209	46220
Full Name: R	ANADIVE DEVANA	ND UDDHAV								
Write Name in De	vanagari (Marathi):								
Gender: Male	Religion: HIN	NDU	Cast: MA	NG	Physi	cal	Disabilit	y not	APPLIC	ABLE
Correspondence A	ddress:									
TAWASHI										
City PANDHARUF	र	PIN Code: 4	10433	Email	ID: DEV	/AR/	ANDIVE7	760@GN	AIL.CO	M
Study Center: N	I.A.									
Fees Details:					Total Fee	e ₹:	0			(Uni.Fee. 0)
SEM V), SEM VI)										
Subject Details : 3/5 79684 Chemist	ny Paper XI Cr. 2			3/5 79685	Chemistry	/ Par	per XII. Ci	r 2		
	(Compulsory) Cr. 0				Chemistry					
	ry Paper XIV Cr. 2				Chemistry					
3/6 81677 Chemist	•			3/6 81678						
Optional Subjects:					,					
Declaration: I here knowledge and be liable to be cancelle	elief. I understand									
Place:	Date:	Student's Signat		e sign strictl	У		incipal's the box s	-		(Please sign
Specimen Sigature:										

20210/0510

						2021040519					
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024											
То,					Form No. :	4 2 7 7 9 6 5					
The DIRECTOR, I	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR										
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.											
PRN: 2021040519 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR											
Personal Information	on :			N	lobile NO :	9 3 7 0 3 5 3 5 6 6					
Full Name: R/	ANAGE SANDIP T	ANAJI									
Write Name in De	vanagari (Marathi):									
Gender: Male	Religion: HIN	NDU Cast: DH	IANGAR	Physic	al Disability N	NOT APPLICABLE					
Correspondence A	ddress:										
City		PIN Code:	Email I	D: SANE	IPRANAGE92	6@GMAIL.COM					
Study Center: N	I.A.										
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)					
SEM V), SEM VI)											
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682	Chemistry	Paper IX Cr. 2						
3/5 79684 Chemist	ry Paper XI Cr. 2		3/5 79685	Chemistry	Paper XII Cr. 2						
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674	Chemistry	Paper XIII Cr. 2						
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676	Chemistry	Paper XV Cr. 2						
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678	Chemistry	Practical Cr. 8						
Optional Subjects:											
	elief. I understand					d correct to the best of my incorrect, my candidature is					
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Sign in the box show	ature & Seal (Please sign					
Specimen Sigature:					III THE BOX SHOW						

						2021063563
ALL CONTRACTOR		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	CS Semes	ster VI (C	hemistry)	
То,					Form No. :	4 2 7 9 9 9 5
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVA.	UNIVERS	SITY,KOLHAPUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chemistry)	exam to be held in
PRN: 2021063563	3 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR	
	on : ANDIVE PAVANRA evanagari (Marathi			Γ	Nobile NO : 8	8 0 5 0 4 4 0 5 7
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	al Disability NOT	T APPLICABLE
City KOLHAPUR Study Center: N Fees Details: SEM V), SEM VI)	I.A.	PIN Code:	Email	ID: pavai	nrajrandive91161@ ₹: 0)gmil.com (Uni.Fee. 0)
Subject Details : 3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79684	Chemistry	Paper XI Cr. 2	
3/5 79685 Chemist	try Paper XII Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0	
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2	
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	
3/6 81678 Chemist						
	elief. I understand					correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's Signatu in the box shown b	re & Seal (Please sign elow)
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,				

					2021038655			
		IVAJI UNIVERSIT ion Form for B.Sc CE Examination	•	Chemistry)				
То,				Form No. :	4 2 7 8 5 8 8			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	FION,SHIVAJI UNIVEF	RSITY,KOLHAPUR				
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semes	ter VI (Chemistry)	exam to be held in			
PRN: 2021038655	5 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KC	LHAPUR				
Personal Information : Mobile NO : 8 8 0 5 3 3 1 5 6 8 Full Name: SAKHARWALE MAHAMADSAD SAMEER Write Name in Devanagari (Marathi):								
Gender: Male	Religion: MU	-	ner Phys	ical Disability NOT	APPLICABLE			
Correspondence A	ddress:							
YALGUD								
City KOLHAPUR Study Center: N	١Δ	PIN Code: 416236	Email ID: MS	6@GMAIL.COM				
Fees Details:			Total Fe	e₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)				·	()			
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79684 Chemistr	y Paper XI Cr. 2				
3/5 79685 Chemist	ry Paper XII Cr. 2		3/6 81667 English (Compulsory) Cr. 0				
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistr	y Paper XIV Cr. 2				
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 Chemistr	y Paper XVI Cr. 2				
3/6 81678 Chemist	ry Practical Cr. 8							
Optional Subjects:								
	elief. I understand				prrect to the best of my rrect, my candidature is			
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature in the box shown bel				
Specimen Sigature:		······································						

						2020020885
A CONTRACTOR OF THE CONTRACTOR		ion Form for B.Sc	TY, KOLHAPUR CBCS Semester VI (tion, March-2024	Chemis	stry)	the second
To,				Forr	m No. :	4 2 7 1 7 9 9
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVAI	LUATION,SHIVAJI UNIVE	RSITY,KO	OLHAPUR	
	e permission to he papers mentic		the B.Sc CBCS Semes	ster VI ((Chemistry)	exam to be held in
PRN: 2020020885	College: G	opal Krishna Ghokha	le College,Kolhapur. , Ko	OLHAPUF	R	
Personal Information	on :			Mobile N	NO: 95	4 5 3 3 0 8 8 9
Full Name: SA	ALOKHE AKSHAY	YUVRAJ				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HI	IDU Cast	: Maratha Phys	sical Disa	ability NOT	APPLICABLE
Correspondence A	ddress:					
GIRGAON						
City KOLHAPUR		PIN Code: 41601	3 Email ID: sal	okheaksh	nay2878@gm	ail.com
Study Center: N	I.A.					
Fees Details:			Total Fe	e₹: 0		(Uni.Fee. 0)
SEM V), SEM VI)						
Subject Details : 3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81675 Chemist	ry Paper X	KIV Cr. 2	
Optional Subjects:						
	lief. I understand					prrect to the best of my rrect, my candidature is
Place:	Date:	Student's Signature (in the box shown bel		-	oal's Signature box shown be	e & Seal (Please sign low)
Specimen Sigature:						

					2020049152					
A COLUMN A RANGE		VAJI UNIVERSITY, KOLHA ion Form for B.Sc CBCS Semes Examination, March-202	ter VI (C	hemistry)						
To,				Form No. :	4 2 7 2 5 6 5					
The DIRECTOR, I	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR									
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.									
PRN: 2020049152	2 College: G	opal Krishna Ghokhale College,Kolhap	our. , KOL	HAPUR						
Personal Information	on :		Ν	Nobile NO: 95	27799256					
Full Name: SA	ANGAONKAR PRA	THAMESH RAJENDRA								
Write Name in De	vanagari (Marathi):								
Gender: Male	Religion: HIN	IDU Cast: TELI	Physic	al Disability NOT	APPLICABLE					
Correspondence A	ddress:									
HANUMAN MANE	DIR									
City KOLHAPUR		PIN Code: 416013 Email I	D: prath	meshsangavkar058(@gmail.com					
Study Center: N	I.A.									
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)					
SEM V), SEM VI)										
Subject Details : 3/5 79684 Chemist	ry Paper XI Cr. 2	3/6 81675	Chemistry	Paper XIV Cr. 2						
Optional Subjects:			· ·	·						
	lief. I understand	Il statements made in this applicatic that in the event of any informatio								
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)		Principal's Signature in the box shown bel	-					
Specimen Sigature:										

					2020025931
And the second s					
To,				Form No. :	4 2 7 1 6 6 9
The DIRECTOR, BOA	RD OF EXAMINATIONS AND	EVALUATION, SHIV/	AJI UNIVERSI	TY,KOLHAPU	JR
	rmission to present myself papers mentioned below.	at the B.Sc CBC	CS Semester	VI (Chemis	try) exam to be held in
PRN: 2020025931	College: Gopal Krishna Gr	okhale College,Kolh	napur.,KOLH	IAPUR	
Personal Information :			Ма	obile NO :	7 5 5 9 4 8 9 9 0 3
Full Name: SANK	PAL SOMANATH DATTATRA	ſ			
Write Name in Devana	agari (Marathi):				
Gender: Male	Religion: HINDU	Cast: NHAVI	Physica	I Disability	NOT APPLICABLE
Correspondence Addres	S:				
GORAMBE					
City KOLHAPUR	PIN Code: 4	116216 Ema i	il ID: somna	thsankpal124	3@gmail.com
Study Center: N.A.					
Fees Details:			Total Fee ₹	: 0	(Uni.Fee. 0)
SEM V), SEM VI)					
Subject Details : 3/5 79682 Chemistry Pa	aper IX Cr 2	3/5 7968	4 Chemistry P	aper XI Cr. 2	
3/6 81674 Chemistry Pa			5 Chemistry P		
		3/0 8107	5 Chemistry F		
Optional Subjects:					
Declaration: I hereby of	declare that all statements r	nade in this applica	ation are true	complete ar	nd correct to the best of my

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

 Image: Student's Signature (Please sign strictly
 Principal's Signature & Seal (Please sign strictly)

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

					2021037748
And		VAJI UNIVERSITY ition Form for B.Sc C Examination	•	Zoology)	
To,				Form No. :	4 2 7 6 3 6 1
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semes	ter VI (Zoology)	exam to be held in
PRN: 2021037748	B College: G	opal Krishna Ghokhale C	college,Kolhapur.,KO	LHAPUR	
	on : APKAL TUSHAR V evanagari (Marathi			Mobile NO : 8 3	3 1 7 2 1 6 1 2 4
Gender: Male	Religion: HIN	IDU Cast: NH	IAVI Physi	cal Disability NOT	APPLICABLE
GOKUL SHIRGAG City KOLHAPUR Study Center: N Fees Details:		PIN Code: 416234	Email ID: SAP	KALTUSHAR545@ 	GMAIL.COM (Uni.Fee. 0)
SEM V), SEM VI) Subject Details :					
3/5 79693 Zoology	Paper IX Cr. 2		3/5 79695 Zoology F	Paper XI Cr. 2	
3/6 81667 English	(Compulsory) Cr. 0		3/6 81686 Zoology F	Paper XIII Cr. 2	
3/6 81687 Zoology	Paper XIV Cr. 2		3/6 81688 Zoology F	Paper XV Cr. 2	
3/6 81689 Zoology	Paper XVI Cr. 2		3/6 81690 Zoology F	Practical Cr. 8	
knowledge and be	by declare that a lief. I understand				correct to the best of my orrect, my candidature is
liable to be cancelle Place:	ed or reject. Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatur	re & Seal (Please sign elow)
Specimen Sigature:		· · · · · · · · · · · · · · · · · · ·			

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SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
То,				Form No. : 4 2	80613			
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR				
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021067782	PRN: 2021067782 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Information	on :			Mobile NO : 7 0 2 8	3 8 5 2 3 2			
Full Name: SA	ARADE SANDEEP	SANJAY						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Oth	ner Physi	cal Disability NOT APPLI	CABLE			
Correspondence A	ddress:							
City SOLAPUR		PIN Code:	Email ID: sara	desandeep555@gmail.com	1			
-	I.A.		-					
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81667 English	(Compulsory) Cr 0		2/6 81716 Computer	r Science Paper XIII Cr. 2				
3/6 81717 Compute			· ·	r Science Paper XV Cr. 2				
3/6 81719 Comput			· · · · ·	r Science Practical Cr. 8				
`		1 01.2	3/0 01720 Computer					
Optional Subjects:								
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature & Sea in the box shown below)	l (Please sign			
Specimen Sigature:								

						2021040943
ALL CONTRACTOR OF THE CONTRACT		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	CS Semes	ter VI (C	hemistry)	R
То,					Form No. :	4 2 7 7 7 7 9
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	I UNIVER	SITY,KOLHAPU	R
	permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Chemisti	ry) exam to be held in
PRN: 2021040943	B College: G	opal Krishna Ghokhale C	ollege,Kolha	pur., KOL	.HAPUR	
Personal Information	on :				Mobile NO :	7741010872
Full Name: SA	ARNAIK SWARAJ	BALASO				
Write Name in De	vanagari (Marathi):				
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha	Physic	cal Disability N	IOT APPLICABLE
Correspondence A	ddress:					
NAGAON						
City KOLHAPUR		PIN Code: 416207	Email	ID: SAR	NAIKSWARAJ@	GMAIL.COM
Study Center: N	I.A.					
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(Uni.Fee. 0)
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0	
	ry Paper XIII Cr. 2		3/6 81675		Paper XIV Cr. 2	
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2	
3/6 81678 Chemist	ry Practical Cr. 8		•			
Optional Subjects:						
	lief. I understand					d correct to the best of my incorrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	/	Principal's Signa in the box show	ature & Seal (Please sign n below)
Specimen Sigature:						

					2020049140		
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Physics) Examination, March-2024						
То,				Form No. :	4 2 7 2 5 6 0		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	ATION, SHIVAJI UNIVE	RSITY,KOLHAPUR			
	e permission to he papers mentic	present myself at the oned below.	e B.Sc CBCS Sem	ester VI (Physics)	exam to be held in		
PRN: 202004914	6 College: G	opal Krishna Ghokhale	College,Kolhapur.,K	OLHAPUR			
Personal Information	on :			Mobile NO : 9	8 6 0 9 4 9 1 2 6		
Full Name: SI	HAIKH ADNAN NIS	SAR					
Write Name in De	evanagari (Marathi	i):					
Gender: Male	Religion: HI	NDU Cast: K	ASAR Phy	sical Disability NOT	APPLICABLE		
Correspondence A	ddress:						
BEKAR GALLI							
City KOLHAPU		PIN Code: 416012	Email ID: ad	nanshaikh@gmail.cor	m		
Study Center: N	1 A	111 00000. 410012		nanonali ili eginali.coi			
Fees Details:			Total F	ee₹: 0	(Uni.Fee. 0)		
SEM VI)				•	(
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81668 Physics	Paper XIII Cr. 2			
3/6 81669 Physics	Paper XIV Cr. 2		3/6 81670 Physics	Paper XV Cr. 2			
3/6 81671 Physics	Paper XVI Cr. 2		3/6 81672 Physics	Practical Cr. 8			
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Ple in the box shown below)		Principal's Signatur	re & Seal (Please sign elow)		
Specimen Sigature:							

					2020016855
A CONTRACTOR		IVAJI UNIVERSITY ion Form for B.Sc CB Examination,	CS Semester VI (C	Chemistry)	
To,				Form No. :	4 2 7 1 8 7 3
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to he papers mentic	present myself at the E ned below.	3.Sc CBCS Semest	er VI (Chemistry) exam to be held in
PRN: 202001685	5 College: G	opal Krishna Ghokhale Co	ollege,Kolhapur., KO	LHAPUR	
	on : HAIKH NAEEM RC evanagari (Marathi			Mobile NO : 9	3 0 9 7 8 5 1 7 0
Gender: Male	Religion: MU	JSLIM Cast: MU	SLIM Physi	cal Disability NC	OT APPLICABLE
City kop	Y HARI PARK GAL	LI NO PIN Code: 416013	Email ID: Nae	eem18shaikh@gm	nail.com
Study Center: N Fees Details: SEM VI)			Total Fee	e₹: 0	(Uni.Fee. 0)
Subject Details : 3/6 81675 Chemist Optional Subjects:					
	elief. I understand				correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signate	ure & Seal (Please sign below)
Specimen Sigature:					

					2021038051
A CONTRACTOR OF A CONTRACTOR O		IVAJI UNIVERSITY tion Form for B.Sc CB Examination	•	chemistry)	
To,				Form No. :	4 2 7 6 7 1 4
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	e permission to the papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 202103805	1 College: G	opal Krishna Ghokhale C	college,Kolhapur.,KO	HAPUR	
	on : HENDGE SHREYA evanagari (Marathi			Mobile NO : 8	6 2 3 8 2 3 7 5 0
Gender: Male	Religion: HIN	NDU Cast: CH	IAMBHAR Physi	cal Disability NOT	APPLICABLE
RS 2949 B WARE City KOLHAPUR Study Center: N Fees Details: SEM V), SEM VI) Subject Details :	J.A.	PIN Code: 416012	Total Fee		070@GMAIL.COM (Uni.Fee. 0)
3/5 79682 Chemis				Compulsory) Cr. 0	
3/6 81674 Chemis			3/6 81675 Chemistry		
3/6 81676 Chemis 3/6 81678 Chemis			3/6 81677 Chemistry		
Optional Subjects	:				
	elief. I understand	I that in the event of a	ny information being		correct to the best of m orrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatur in the box shown b	re & Seal (Please sign elow)
Specimen Sigature:					

							2021040938
REAL PROPERTY OF THE PROPERTY		IVAJI UNIVERSIT ion Form for B.Sc CE Examinatior	•		emistry)		
То,					Form No. :	427	7765
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UI	NIVERSI	TY,KOLHAPU	R	
	e permission to the papers mentic	present myself at the oned below.	B.Sc CBCS S	emester	VI (Chemist	ry) exam	to be held in
PRN: 202104093	8 College: G	opal Krishna Ghokhale (College,Kolhapur.	. , KOLH	APUR		
Personal Information	on :			Мо	bile NO :	86230	74496
Full Name: SI	HETAKE OMKAR	SANJAY					
Write Name in De	evanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Ma	aratha	Physica	I Disability	IOT APPLIC	ABLE
Correspondence A	ddress:						
HUPARI							
City KOLHAPUR		PIN Code: 416203	Email ID:	OMSH	ETAKE09@GI	MAIL.COM	
Study Center: N	I.A.						
Fees Details:			Tot	tal Fee ₹:	: 0		(Uni.Fee. 0)
SEM IV), SEM V),	SEM VI)						
Subject Details : 2/4 78910 Botany	Paper VII & VIII Cr. 8	8	2/4 78928 EN	IVIRONMI	ENTAL STUDIE	S Cr. 0	
3/5 79682 Chemis	try Paper IX Cr. 2		3/5 79683 Ch	emistry P	aper X Cr. 2		
3/5 79684 Chemis	try Paper XI Cr. 2		3/5 79685 Ch	emistry P	aper XII Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Ch	emistry P	aper XIII Cr. 2		
3/6 81675 Chemis	try Paper XIV Cr. 2		3/6 81676 Ch	emistry P	aper XV Cr. 2		
3/6 81677 Chemis	try Paper XVI Cr. 2		3/6 81678 Ch	emistry P	ractical Cr. 8		
Optional Subjects:							
-							
	elief. I understand	all statements made in I that in the event of a					
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Sign n the box show		(Please sign
Specimen							
Sigature:							

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20	~	7UZ	- 52	

	2020029274
SHIVAJI UNIVERSITY, KOLH Application Form for B.Sc CBCS Seme Examination, March-2	ester VI (Chemistry)
To,	Form No. : 4 2 7 1 9 7 5
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVE	AJI UNIVERSITY,KOLHAPUR
Sir,I request the permission to present myself at the B.Sc CBC March-2024 for the papers mentioned below.	CS Semester VI (Chemistry) exam to be held in
PRN: 2020029274 College: Gopal Krishna Ghokhale College,Kolh	napur., KOLHAPUR
Personal Information : Full Name: SHETE SANSKAR SATISH Write Name in Devanagari (Marathi):	Mobile NO : 9 7 6 3 5 2 2 4 7 9
Gender: Male Religion: HINDU Cast: WANI	Physical Disability NOT APPLICABLE
Correspondence Address:	
DINDNERLI	
City KOLHAPUR PIN Code: 416207 Emai	il ID: sanskarshete@gmail.com
Study Center: N.A.	
Fees Details:	Total Fee ₹: 0 (Uni.Fee. 0)
SEM IV), SEM V), SEM VI)	
Subject Details : 2/4 78915 Electronics Paper VII & VIII Cr. 8 3/5 7968	2 Chemistry Paper IX Cr. 2
3/6 81674 Chemistry Paper XIII Cr. 2 3/6 8167	5 Chemistry Paper XIV 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 Sigature:				

								202002	7830
	SHIVAJI UNIN lication Form for Exa		CS Sei	nester VI (Chemistry	<i>'</i>)			1
То,					Form N	o. :	427	165	6
The DIRECTOR, BOARD OF E	XAMINATIONS ANI	D EVALUAT	ION,SH	IVAJI UNIVE	RSITY,KOLH	IAPUR			
Sir,I request the permission March-2024 for the papers m		lf at the l	B.Sc C	BCS Semes	ster VI (Cho	emistry)	exam	to be	held i
PRN: 2020027830 Colleg	ge: Gopal Krishna G	Shokhale C	ollege,K	olhapur., K	DLHAPUR				
Personal Information : Full Name: SHEVALE SWA Write Name in Devanagari (Ma	PNIL MAHADEO				Mobile NO :	75	583	002	94
Gender: Male Religion	: HINDU	Cast: Ma	ratha	Phys	sical Disabili	ty NOT	APPLICA	BLE	
Correspondence Address:									
City KOLHAPUR	PIN Code:	416207	En	n ail ID: swa	apnilshewale	375@gm	ail.com		
Study Center: N.A.									
Fees Details:				Total Fe	ee₹: 0		(Uni.Fe	e. 0)
SEM IV), SEM V), SEM VI)									
Subject Details : 2/4 78928 ENVIRONMENTAL STU	IDIES Cr 0		3/5 70	682 Chemist	ry Paper IX C	r 2			
3/6 81675 Chemistry Paper XIV C					ry Practical C				
Optional Subjects:	· · ·				<u>,</u>	-			

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

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

		2020029322
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Ch Examination, March-2024	emistry)	
То,	Form No. : 4	271633
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSI	TY,KOLHAPUR	
Sir,I request the permission to present myself at the B.Sc CBCS Semester March-2024 for the papers mentioned below.	VI (Chemistry) ex	am to be held in
PRN: 2020029322 College: Gopal Krishna Ghokhale College, Kolhapur., KOLH	IAPUR	
Personal Information : Mc Full Name: SHINDE GOURAV BABAN Write Name in Devanagari (Marathi):	obile NO : 950	3 1 9 1 6 8 5
Gender: Male Religion: HINDU Cast: MAHAR Physica	I Disability NOT APP	PLICABLE
Correspondence Address:		
HAYAVE EAST BAJU MAIN BUS STOP SAMOR		
City KOLHAPUR PIN Code: 416284 Email ID: rishike:	shkamble4763@gmail	.com
Study Center: N.A.		
Fees Details: Total Fee ₹	: 0	(Uni.Fee. 0)
SEM VI)		
Subject Details :3/6816743/681675Chemistry Paper XIIICr. 23/681675	aper XIV Cr. 2	
3/6 81676 Chemistry Paper XV Cr. 2		
Optional Subjects:		
Declaration: I hereby declare that all statements made in this application are true knowledge and belief. I understand that in the event of any information being for liable to be cancelled or reject.		

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

					2021035757
And the second s	Application Form	IIVERSITY, KOL n for B.Sc CBCS Se Examination, March	mester VI (Physic	s)	
To,			Form	No. :	4 2 7 6 3 4 6
The DIRECTOR, BOA	ARD OF EXAMINATIONS A	AND EVALUATION, SHI	VAJI UNIVERSITY,KO	LHAPUR	
	ermission to present m papers mentioned below.		BCS Semester VI	(Physics) e	exam to be held in
PRN: 2021035757	College: Gopal Krishn	a Ghokhale College,Ko	lhapur. , KOLHAPUR		
Personal Information : Full Name: SHINI	DE PRATHAMESH PRAVIN	٧	Mobile NO	D: 862	6082894
Write Name in Devan	agari (Marathi):				
Gender: Male	Religion: HINDU	Cast: Other	Physical Disat	Dility NOTAF	PLICABLE
City KOLHAPUR	RNAIK NAGAR PACHGAO		ail ID: PATYASHINE	DE1102@GMA	NL.COM
Study Center: N.A. Fees Details: SEM VI)			Total Fee ₹: 0		(Uni.Fee. 0)
Subject Details : 3/6 81667 English (Cor	npulsory) Cr. 0	3/6 810	668 Physics Paper XIII	Cr. 2	
3/6 81669 Physics Pap	er XIV Cr. 2	3/6 810	70 Physics Paper XV	Cr. 2	
3/6 81671 Physics Pap	er XVI Cr. 2	3/6 810	72 Physics Practical C	cr. 8	
-	declare that all statemer				-
liable to be cancelled on	-	e event of any inform Signature (Please sign str	-		Seal (Please sign
Diagon D		nghature (ricase sigli sti		a o orginature d	s ocal (i lease sign

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

					2021037789
And the second s		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	•	(Chemistry)	
To,				Form No. :	4 2 7 7 7 4 5
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	FION,SHIVAJI UNIVI	ERSITY,KOLHAPUR	1
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS Seme	ester VI (Chemistry	v) exam to be held in
PRN: 2021037789	College : G	opal Krishna Ghokhale C	ollege,Kolhapur.,k	OLHAPUR	
Personal Information Full Name: SH Write Name in De	HINDE SUMIT BAF			Mobile NO : 8	6 6 9 2 7 1 2 2 8
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Phy	vsical Disability NC	OT APPLICABLE
Correspondence A	ddress:				
NANDGAON					
City KOLHAPUR		PIN Code: 416207	Email ID: S	JMITSHINDE5274@	GMAIL.COM
Study Center: N	I.A.				
Fees Details:			Total F	ee ₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemis	stry Paper XIII Cr. 2	
	ry Paper XIV Cr. 2		3/6 81676 Chemis		
3/6 81677 Chemist			3/6 81678 Chemis	• •	
Optional Subjects:					
	lief. I understand	that in the event of a	ny information bein	g found false or in	correct to the best of my acorrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signat in the box shown	ure & Seal (Please sign below)
Specimen					·····

Sigature:

					2021037785			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No. :	4 2 7 7 2 8 1			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR				
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in			
PRN: 202103778	5 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KOl	HAPUR				
Personal Information	on :			Mobile NO : 7 4	10157884			
Full Name: SI	HINDE VISHAL AR	UN						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT	APPLICABLE			
Correspondence A	ddress:							
KANERIWADI								
City KOLHAPUR		PIN Code: 416234	Email ID: VS0	378799@GMAIL.CO	N /			
Study Center: N		FIN Coue. 410234	Ellian ID. VSU	578799@GMAIL.CO				
Fees Details:	I.A.		Total Fee	₹: 0	(Uni Eco. 0)			
			Total Fee	. U	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistry	Paper XIII Cr. 2				
	ry Paper XIV Cr. 2		3/6 81676 Chemistry Paper XV Cr. 2					
	ry Paper XVI Cr. 2		3/6 81678 Chemistry Practical Cr. 8					
Optional Subjects:	· · · ·							
	elief. I understand				orrect to the best of my prrect, my candidature is			
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature	e & Seal (Please sign low)			
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,						

						2021038643	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,					Form No. :	4 2 7 7 9 5 1	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIV	'ERS	SITY,KOLHAPUR		
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Sem	estei	r VI (Chemistry)	exam to be held	
PRN: 2021038643	3 College: G	opal Krishna Ghokhale C	ollege,Kolhapur. ,	KOLI	HAPUR		
		E PRAMOD SANJAY		M	lobile NO : 8 6	60897368	
Gender: Male	Religion: HI	NDU Cast: Lin	gayat Ph	ysic	al Disability NOT	APPLICABLE	
Correspondence A	uuress.	PIN Code:	Email ID: F	RAM	10DSHIROLE3611	@GAMIL.COM	
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)			Total	Fee 🖲	₹: 0	(Uni.Fee. 0)	
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79684 Chem	istry I	Paper XI Cr. 2		
3/5 79685 Chemist	ry Paper XII Cr. 2		3/6 81667 Englis	h (Co	ompulsory) Cr. 0		
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chem	istry I	Paper XIV Cr. 2		
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 Chem	istry I	Paper XVI Cr. 2		
3/6 81678 Chemist							
	elief. I understand	all statements made in t I that in the event of a					
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly		Principal's Signature in the box shown be	e & Seal (Please sign elow)	
Specimen Sigature:						,	

2020050700
2020000100

						2020050700	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No). :	4 2 7 2 6 1 7	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,KOLH	APUR		
	permission to he papers mentio	present myself at the B.S ned below.	c CBCS Semest	er VI (Che	mistry)	exam to be held in	
PRN: 2020050700) College: G	opal Krishna Ghokhale Colle	ge,Kolhapur.,KOl	LHAPUR			
Personal Information	on :			Mobile NO :	96	57125832	
Full Name: SO	DLAGE SANKET	BHIMRAO					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: Marath	a Physi	cal Disabilit	y NOT	APPLICABLE	
Correspondence A	ddress:						
KOLHAPUR							
City KOLHAPUR		PIN Code: 416004	Email ID: sola	gesanket@g	jmail.com	ı	
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0		(Uni.Fee. 0)	
SEM VI)							
Subject Details : 3/6 81676 Chemist	n/ Paper X\/ Cr 2						
			_				
Optional Subjects:							
	lief. I understand	all statements made in this that in the event of any					
Place:	Date:	Student's Signature (Please s in the box shown below)	gn strictly	Principal's in the box s		e & Seal (Please sign low)	
Specimen Sigature:							

202104087	7
202104007	1

							2021040877	
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,					Form	No. :	4 2 7 7 6 4 2	
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIV	/ERS	SITY,KO	LHAPUR		
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Sem	nester	rVI (C	Chemistry)	exam to be held in	
PRN: 202104087	7 College: G	opal Krishna Ghokhale	College,Kolhapur.,	KOLI	HAPUR			
Personal Information	on : ORAP HARSH MA	NOJ		М	lobile NC	D: 8	6 2 4 0 5 3 3 3 3	
Write Name in De	evanagari (Marathi	i):						
Gender: Male	Religion: HIN	NDU Cast: M	aratha Ph	nysica	al Disat	oility NOT	TAPPLICABLE	
Correspondence A	ddress:							
259/12 CHILE CC	LONY							
City KOLHAPUR		PIN Code: 416012	Email ID: ⊢	HARS	SHSOR	AP45@GN	/AIL.COM	
Study Center: N	I.A.							
Fees Details:			Total	Fee 🔻	₹: 0		(Uni.Fee. 0)	
SEM VI)								
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chem	nistry F	Paper XI	II Cr. 2		
3/6 81675 Chemis	try Paper XIV Cr. 2		3/6 81676 Chem	nistry I	Paper X\	V Cr. 2		
3/6 81677 Chemis	try Paper XVI Cr. 2		3/6 81678 Chem	nistry F	Practical	Cr. 8		
Optional Subjects:								
	elief. I understand						correct to the best of m correct, my candidature i	
Place:	Date:	Student's Signature (Plea in the box shown below)	ase sign strictly			al's Signatu ox shown b	ire & Seal (Please sign below)	
Specimen Sigature:								
		-						

					2020027826					
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024										
To,				Form No. :	4 2 7 1 7 6 3					
The DIRECTOR,	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR									
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in					
PRN: 2020027826	6 College: G	opal Krishna Ghokhale (College,Kolhapur., KO	LHAPUR						
Personal Information	on : JTAR ANKET SAN	JAY		Mobile NO : 8	2 3 7 4 9 8 0 1 7					
Write Name in De	vanagari (Marathi):								
Gender: Male	Religion: HIN	NDU Cast: SU	ITAR Physi	ical Disability NO	TAPPLICABLE					
Correspondence A	ddress:									
SHIROLI PULACI	41									
City KOLHAPUR		PIN Code: 416122	Email ID: anke	et22sutar@gmail.co	om					
Study Center: N	I.A.									
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)					
SEM VI)										
Subject Details : 3/6 81674 Chemist	rv Paper XIII Cr. 2		3/6 81675 Chemistry	v Paper XIV Cr. 2						
Optional Subjects:										
	lief. I understand				correct to the best of my correct, my candidature is					
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signatu in the box shown b	ire & Seal (Please sign below)					
Specimen Sigature:										

						2021040803	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,					Form No. :	4 2 7 7 0 6 9	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	II UNIVERS	SITY,KOLHAPUR		
	e permission to he papers mentio	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Chemistry)	exam to be held in	
PRN: 2021040803	3 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR		
Personal Information	on :			N	lobile NO : 8 2	2 0 8 0 8 5 7 1 5	
Full Name: St	JTAR NILESH SUN	NIL					
Write Name in De	vanagari (Marathi):					
Gender: Male	Religion: HIN	NDU Cast: SU	TAR	Physic	al Disability NOT	T APPLICABLE	
Correspondence A	ddress:						
UJALAIWADI							
City KOLHAPUR		PIN Code: 416205	Email	ID: SUTA	RGUNWANT8454	I@GMAIL.COM	
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)							
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79684	Chemistry	Paper XI Cr. 2		
3/5 79685 Chemist	ry Paper XII Cr. 2		3/6 81667	English (Co	ompulsory) Cr. 0		
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr. 2		
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr. 2		
3/6 81678 Chemist	ry Practical Cr. 8						
Optional Subjects:							
	elief. I understand	that in the event of a	ny informatio	on being f		correct to the best of m correct, my candidature is	
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	/	Principal's Signatur in the box shown b	re & Seal (Please sign below)	
Specimen Sigature:							

								2021067329
THE REPORT OF TH		IVAJI UNIVERSIT ion Form for B.Sc C Examinatio	•	ster VI (C	Chemi	stry)		
To,					For	m No. :	42	8 0 5 4 8
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALU	ATION, SHIVA	JI UNIVER	SITY,K	OLHAPUF	र	
	e permission to the papers mentic	present myself at the ned below.	B.Sc CBCS	S Semest	er VI	(Chemistr	y) exan	n to be held i
PRN: 202106732	9 College : G	opal Krishna Ghokhale	College,Kolha	apur., KO	LHAPU	R		
Personal Information	on :				Mobile I	NO: 9	9834	582408
Full Name: S	UTAR RUSHIKESH	I RAMESH						
Write Name in De	evanagari (Marathi):						
Gender: Male	Religion: HI	NDU Cast: F	ANCHAL	Physi	cal Dis	ability No	OT APPLI	CABLE
Correspondence A	ddress:							
City KOLHAPUR		PIN Code:	Email	ID: rites	hddpati	l@gmail.c	om	
Study Center: N	I.A.				·			
Fees Details:				Total Fee	e₹: 0)		(Uni.Fee. 0)
SEM V), SEM VI)					-			· · · ·
Subject Details :								
3/5 79671 English	(Compulsory) Cr. 0		3/5 79682	Chemistry	/ Paper	IX Cr. 2		
3/5 79683 Chemis	try Paper X Cr. 2		3/5 79684	Chemistry	/ Paper 2	XI Cr. 2		
3/5 79685 Chemis	try Paper XII Cr. 2		3/6 81667	English (C	Compuls	ory) Cr. 0		
3/6 81674 Chemis	try Paper XIII Cr. 2		3/6 81675	Chemistry	/ Paper 2	XIV Cr. 2		
3/6 81676 Chemis	try Paper XV Cr. 2		3/6 81677	Chemistry	/ Paper 2	XVI Cr. 2		
3/6 81678 Chemis	try Practical Cr. 8							
Optional Subjects:	:		—					
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	elief. I understand	all statements made in that in the event of						
Place:	Date:	Student's Signature (Ple in the box shown below	-	У		pal's Signa box showr		l (Please sign
Specimen Sigature:								
Sigature:					1			

					202002085	0			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024									
To,				Form No.	: 4271808				
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHA	PUR				
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chen	nistry) exam to be hel	d in			
PRN: 2020020858	PRN: 2020020858 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR								
Personal Information	on :			Mobile NO :	7066143388	j			
Full Name: SI	JTAR RUTIK ANA	NDA							
Write Name in De	vanagari (Marathi	i):				-			
Gender: Male	Religion: HI	NDU Cast: SU	JTAR Physi	cal Disability	NOT APPLICABLE				
Correspondence A	ddress:								
HANUMAN COLC	DNY								
City KOLHAPUR		PIN Code: 416005	Email ID: rutik	sutar159291@	⊉gmail.com				
Study Center: N	I.A.								
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM VI)									
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	/ Paper XIV Cr	. 2				
Optional Subjects:									
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's S in the box sh	ignature & Seal (Please sign nown below)				
Specimen Sigature:									

								2020029284
A DECEMBER OF THE PARTY OF THE		VAJI UNIVERSITY, KOLH ation Form for B.Sc CBCS Sen Examination, March-	nester VI (Phys	sics)			
To,				Fo	orm No. :		427	1709
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION, SHIV	'AJI UNIVER	SITY,I	KOLHAPI	JR		
	e permission to he papers mentio	present myself at the B.Sc C ned below.	3CS Semes	ster V	/I (Physi	cs)	exam	to be held in
PRN: 2020029284	t College: G	opal Krishna Ghokhale College,Ko	hapur.,KOI	LHAPU	UR			
Personal Information	on :			Mobile	NO :	82	087	85817
Full Name: Sl	JTAR SANKET SA	NJAY						
Write Name in De	vanagari (Marathi):						
Gender: Male	Religion: HIN	IDU Cast: SUTAR	Physi	cal Di	sability	ΝΟΤΑ	PPLICA	\BLE
Correspondence A	ddress:							
SHIROLI PULACH	11							
City KOLHAPUR		PIN Code: 416122 Ema	ail ID: sank	et22s	utar@gma	ail.com	ı	
Study Center: N	I.A.							
Fees Details:			Total Fee	₹:	0		((Uni.Fee. 0)
SEM VI)								
Subject Details : 3/6 81669 Physics	Bapar XIV/ Cr. 2	2/6 916	70 Physics P	opor V	N/ Cr 2			
		3/0 010	TU FILYSICS F	ареі л	01.2			
Optional Subjects:								
	lief. I understand	Il statements made in this applic that in the event of any inform						
Place:	Date:	Student's Signature (Please sign stri in the box shown below)	ctly		cipal's Sigi e box shov		•	Please sign
Specimen Sigature:								

					2021040807		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. : 4 2	77279		
The DIRECTOR, I	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR						
Sir,I request the March-2024 for t		present myself at the oned below.	B.Sc CBCS Semeste	er VI (Chemistry) exan	n to be held in		
PRN: 2021040807 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR							
Personal Informatic Full Name: TA Write Name in De	LEKAR PRANAV			Mobile NO : 8 2 7 5 4	471065		
		-					
Gender: Male	Religion: Hil	NDU Cast: Ma	ratha Physic	cal Disability NOT APPLI	CABLE		
Correspondence A	daress:						
City KOLHAPUR		PIN Code: 416216	Email ID: PBT	@GMAIL.COM			
Study Center: N	I.A.						
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)		
SEM V), SEM VI)							
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79682 Chemistry	Paper IX Cr. 2			
3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81667 English (C	Compulsory) Cr. 0			
3/6 81674 Chemist	ry Paper XIII Cr. 2		3/6 81675 Chemistry	Paper XIV Cr. 2			
3/6 81676 Chemist	ry Paper XV Cr. 2		3/6 81677 Chemistry	Paper XVI Cr. 2			
3/6 81678 Chemist	ry Practical Cr. 8						
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature & Seal in the box shown below)	(Please sign		
Specimen Sigature:							

201	8033563
201	

					2018033563			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No.	4270909			
The DIRECTOR,	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
	e permission to he papers mentic	present myself at the B.S ned below.	c CBCS Semeste	er VI (Chem	istry) exam to be held i			
PRN: 2018033563	3 College: G	opal Krishna Ghokhale Colle	ge,Kolhapur. , KOl	HAPUR				
	on : AMBOLI UMED GC evanagari (Marathi			Mobile NO :	8379098191			
		- -						
Gender: Male	Religion: ML	JSLIM Cast: MUSL	IM Physic	cal Disability	NOT APPLICABLE			
Correspondence A	ddress:							
UNCHGAON								
City KOLHAPUR		PIN Code: 416005	Email ID: RT@	GMAIL.COM				
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81674 Chemist	try Paper XIII Cr. 2	3/	6 81675 Chemistry	Paper XIV Cr.	2			
Optional Subjects:								
	elief. I understand	that in the event of any	information being		and correct to the best of r or incorrect, my candidature			
Place:	Date:	Student's Signature (Please s in the box shown below)	ign strictly	Principal's Si in the box sh	gnature & Seal (Please sign own below)			
Specimen Sigature:								

				2020020838			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,			Form No. :	4 2 7 1 8 1 5			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION, SHIVAJI UNIV	/ERSITY,KOLHAPUR				
	e permission to he papers mentic	present myself at the B.Sc CBCS Sen ned below.	nester VI (Chemistry)	exam to be held in			
PRN: 2020020838	B College: G	iopal Krishna Ghokhale College,Kolhapur.,	KOLHAPUR				
	on : NWARE ATHARVA Ivanagari (Marathi		Mobile NO : 8	956602989			
Gender: Male	Religion: HIN	NDU Cast: Maratha PI	nysical Disability NOT	TAPPLICABLE			
Correspondence Address: MAHADA COLONY City KOLHAPUR PIN Code: 416008 Email ID: atharvataware18@gmail.com Study Center: N.A.							
Fees Details: SEM VI)		Total	Fee ₹: 0	(Uni.Fee. 0)			
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2	3/6 81675 Chen	nistry Paper XIV Cr. 2				
3/6 81676 Chemist		5,6 61616 6161					
Optional Subjects:							
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signatur in the box shown b	re & Seal (Please sign elow)			
Specimen Sigature:							

						2021043133	
SHIVAJI UNIVERSITY, KOLHAPUR Heater Diff a property of the prope							
То,	To, Form No. : 4278519						
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNI	VERSIT	Y,KOLHAPUR		
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.						
PRN: 2021043133	PRN: 2021043133 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR						
Personal Information	on :			Mob	ile NO: 7385	957996	
Full Name: Ti	WARI ASHUTOSH	SUNIL					
Write Name in De	evanagari (Marathi	i):					
Gender: Male	Religion: HIN	NDU Cast: M	aratha P	hysical [Disability NOT APPI	LICABLE	
Correspondence A	ddress:						
RAJARAMPURI							
City KOLHAPUR		PIN Code: 416012	Email ID:	ASHUTC	DSHTIWARI5169@GI	MAIL.COM	
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)			Total	l Fee ₹:	0	(Uni.Fee. 0)	
Subject Details :							
3/5 79728 Comput	er Science Paper IX	Cr. 2	3/5 79729 Com	puter Scie	ence Paper X Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81716 Com	puter Scie	ence Paper XIII Cr. 2		
3/6 81717 Comput	er Science Paper XI	V Cr. 2	3/6 81718 Com	puter Scie	ence Paper XV Cr. 2		
3/6 81719 Comput	er Science Paper XV	/I Cr. 2	3/6 81720 Com	puter Scie	ence Practical Cr. 8		
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Plea in the box shown below)	ase sign strictly		incipal's Signature & Se the box shown below)	eal (Please sign	
Specimen Sigature:							

					2020029257
ALL CONTRACTOR		VAJI UNIVERSITY, ion Form for B.Sc CBC Examination, N	S Semester VI (C	hemistry)	
To,				Form No. :	4 2 7 1 8 8 4
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATIO	N,SHIVAJI UNIVER	SITY,KOLHAPU	JR
	e permission to he papers mentic	present myself at the B. ned below.	Sc CBCS Semeste	er VI (Chemis	stry) exam to be held in
PRN: 202002925	7 College: G	opal Krishna Ghokhale Coll	ege,Kolhapur.,KOL	HAPUR	
Personal Information	on :			Mobile NO :	9370191514
Full Name: VA	ADAR MAYUR DIL	Ρ			
Write Name in De	vanagari (Marathi):			
Gender: Male	Religion: HIN	IDU Cast: VADA	R Physic	cal Disability	NOT APPLICABLE
Correspondence A	ddress:				
TIN BATTI CHOW	κ				
City KOLHAPUR		PIN Code: 416008	Email ID: mayu	urvadar@gmail	.com
Study Center: N	I.A.				
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)
SEM VI)					
Subject Details : 3/6 81674 Chemist	ry Paper XIII Cr. 2	:	3/6 81675 Chemistry	Paper XIV Cr. 2	2
Optional Subjects:					
	lief. I understand				nd correct to the best of my incorrect, my candidature is
Place:	Date:	Student's Signature (Please in the box shown below)	sign strictly	Principal's Sign in the box show	nature & Seal (Please sign wn below)
Specimen Sigature:					

							2021041024
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
То,					Form	No.: 42	278527
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	I UNIVER	SITY,KO	LHAPUR	
	permission to pi r the papers mer	resent myself at the B.s itioned below.	Sc CBCS S	emester `	VI (Com	puter Science)	exam to be held
PRN: 2021041024	4 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur.,KOI	LHAPUR		
Personal Information	on :				Mobile NC	D: 7350	195757
Full Name: VI	CHARE AJIT SAD	ASHIV					
Write Name in De	evanagari (Marathi	i):					
Gender: Male	Religion: HI	NDU Cast: Ma	ratha	Physi	cal Disat	bility NOT APPL	ICABLE
Correspondence A	ddress:						
NANDRI							
City KOLHAPUR		PIN Code: 416230	Email	ID: VICH	HAREAJJ	JIT5500@GMAIL	.COM
Study Center: N	I.A.						
Fees Details:Total Fee ₹:0(Uni.Fee. 0)							
SEM V), SEM VI)							
Subject Details : 3/5 79729 Comput	er Science Paper X	Cr. 2	3/6 81667	English (C	Compulsor	ry) Cr. 0	
3/6 81716 Comput	er Science Paper XII	II Cr. 2	3/6 81717	Computer	Science I	Paper XIV Cr. 2	
3/6 81718 Comput	er Science Paper XV	/ Cr. 2	3/6 81719	Computer	Science I	Paper XVI Cr. 2	
3/6 81720 Comput				· · ·			
Optional Subjects:							
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my							
knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is							
liable to be cancelle	ea or reject.	Student's Signature (Pleas	e sign strictly	,	Principa	al's Signature & Se	al (Please sign
Place:	Date:	in the box shown below)	o orgin ouriour	,		ox shown below)	
Specimen							
Sigature:							

					2020029251	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. :	4 2 7 1 8 0 4	
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION	ON,SHIVAJI UNIVER	SITY,KOLHAPI	JR	
	permission to he papers mentio	present myself at the B ned below.	Sc CBCS Semest	er VI (Chemis	stry) exam to be held in	
PRN: 202002925 ⁻	College: G	opal Krishna Ghokhale Col	lege,Kolhapur.,KOl	LHAPUR		
Personal Information Full Name: YA Write Name in De	ADAV RUTVIK PRA			Mobile NO :	7 5 5 8 4 8 8 5 8 5	
Gender: Male	Religion: HIN	NDU Cast: Mara	tha Physi	cal Disability	NOT APPLICABLE	
Correspondence A	ddress:					
MAIN ROAD HAD	NAL					
City BELGAUM		PIN Code: 591241	Email ID: rutvi	kyadav5539@g	mail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81676 Chemist	ry Paper XV 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 in the box shown below)	sign strictly	Principal's Signing the box shows a second strain the box strain the box shows a second strain the box shows a second strain the box shows a second strain the box strain t	nature & Seal (Please sign wn below)	
Specimen Sigature:						

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A CONTROL OF A CON	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 1	893		
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION,	SHIVAJI UNIVER	SITY,KOLHAF	'UR			
	e permission to he papers mentio	present myself at the B.Sc ned below.	CBCS Semest	er VI (Chem	istry) exam to	o be held in		
PRN: 2020027132	2 College: G	opal Krishna Ghokhale Colleg	e,Kolhapur.,KOl	LHAPUR				
Personal Information	on :			Mobile NO :	973061	2696		
Full Name: YA	ADAV SURAJ MAH	IADEV						
Write Name in Devanagari (Marathi):								
Gender: Male	Religion: HIN	NDU Cast: Maratha	Physi	cal Disability	NOT APPLICAB	LE		
Correspondence A	ddress:							
KHOTWADI								
City KOLHAPUR		PIN Code: 416208	Email ID: yada	ivsuraj9222@c	gmail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	₹: 0	(L	Jni.Fee. 0)		
SEM VI)								
Subject Details :								
3/6 81675 Chemist	ry Paper XIV 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 signature in the box shown below)	n strictly	Principal's Sig	gnature & Seal (Ple own below)	ase sign		
Specimen Sigature:					-			

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2020023200	,

						2020029266	
	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				F	orm No. :	4 2 7 1 5 7 6	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUATION, SHIVAJI UNIVE	RSI	ITY	,KOLHAPUR		
	e permission to he papers mentic	present myself at the B.Sc CBCS Semes ned below.	ster	V	I (Chemistry)	exam to be held in	
PRN: 2020029260	6 College: G	opal Krishna Ghokhale College,Kolhapur. , Ko	OLH	łAf	PUR		
	on : ADAV VIJAY RAJK evanagari (Marathi		Mo	obil	le NO : 8 9	075042724	
Gender: Male	Religion: HI	NDU Cast: CHAMBHAR Phys	sica	al D	isability NOT	APPLICABLE	
Correspondence A	ddress:						
SHAHU COLONY							
City KOLHAPUR		PIN Code: 416216 Email ID: vija	ayya	ada	v45466@gmail.	.com	
Study Center: N	I.A.						
Fees Details:		Total Fe	ee ₹		0	(Uni.Fee. 0)	
SEM V), SEM VI)							
Subject Details : 3/5 79685 Chemist	ry Paper XII Cr. 2	3/6 81674 Chemist	try P	Pape	er XIII Cr. 2		
3/6 81675 Chemist		I					
Optional Subjects:	• •						
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)			ncipal's Signature he box shown be	e & Seal (Please sign llow)	
Specimen Sigature:							

					2021036123		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
То,				Form No. : 4 2	77942		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVAJI UNIVER	RSITY,KOLHAPUR			
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021038123	3 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KC	LHAPUR			
Personal Information	on :			Mobile NO : 7 7 0 9	571772		
Full Name: ! A	BRANGE AMRUT	A ARVIND					
Write Name in De	vanagari (Marathi):					
Gender: Female Religion: HINDU Cast: CHAMBHAR Physical Disability NOT APPLICABLE							
Correspondence A	ddress:						
UNCHGAON							
City KOLHAPUR		PIN Code: 416005	Email ID: AAA	@GMAIL.COM			
Study Center: N	I.A.						
Fees Details:			Total Fe	e₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81716 Compute	r Science Paper XIII Cr. 2			
3/6 81717 Comput	er Science Paper XI	V Cr. 2	3/6 81718 Compute	r Science Paper XV Cr. 2			
3/6 81719 Comput	er Science Paper XV	/I Cr. 2	3/6 81720 Compute	r Science Practical Cr. 8			
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signature & Sea in the box shown below)	al (Please sign		
Specimen Sigature:							

					2021037984		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 6 5 0 9		
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	RSITY,KOLHAPUR			
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021037984	PRN: 2021037984 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR						
Personal Information : Mobile NO : 9 5 2 7 0 0 0 7 5 2 Full Name: ! ALAVEKAR SAYALI BALVANT Write Name in Devanagari (Marathi):							
Gender: Female Religion: HINDU Cast: Maratha Physical Disability NOT APPLICABLE							
Correspondence Address: YEWATI City KOLHAPUR PIN Code: 416207 Email ID: SBA@GMAIL.COM							
Study Center: N	I.A.						
Fees Details: SEM V), SEM VI)			Total Fe	e≹: ()	(Uni.Fee. 0)		
Subject Details : 3/5 79682 Chemist	rv Paper IX Cr. 2		3/5 79683 Chemisti	v Paper X Cr 2			
	(Compulsory) Cr. 0		3/6 81674 Chemistr				
	ry Paper XIV Cr. 2		3/6 81676 Chemistr				
3/6 81677 Chemist			3/6 81678 Chemistr				
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signatur in the box shown b	re & Seal (Please sign elow)		
Specimen Sigature:							

					2021038117			
A CONTRACTOR OF THE SECOND	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
To,				Form No. :	4 2 7 7 9 2 5			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVAJI UNIVEF	RSITY,KOLHAPUR				
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semes	ter VI (Chemistry)	exam to be held in			
PRN: 2021038117	7 College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KC	LHAPUR				
Personal Information : Mobile NO : 9764429836 Full Name: ! ATTAR SALINA RAHIMAN Write Name in Devanagari (Marathi):								
Gender: Female	Gender: Female Religion: MUSLIM Cast: Other Physical Disability NOT APPLICABLE							
45 B WARD SUB City KOLHAPUR Study Center: N Fees Details: SEM V), SEM VI) Subject Details :	I.A.	PIN Code: 416012	Total Fe		(Uni.Fee. 0)			
3/5 79682 Chemist			· · · · · · · · · · · · · · · · · · ·	Compulsory) Cr. 0				
3/6 81674 Chemist	• •		3/6 81675 Chemistr	· · · ·				
3/6 81676 Chemist			3/6 81677 Chemistr	y Paper XVI Cr. 2				
3/6 81678 Chemistry Practical Cr. 8 Optional Subjects:								
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signatur in the box shown be	re & Seal (Please sign elow)			
Specimen Sigature:								

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20	<u> </u>	0001	20

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
To,				Form No. : 4 2 7	7930		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	RSITY,KOLHAPUR			
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021038120	PRN: 2021038120 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR						
Personal Information	on :			Mobile NO : 8 5 5 1 9	96724		
Full Name: I A	TYALKAR SHRUT	'I SANJAY					
Write Name in De	vanagari (Marathi):					
Gender: Female Religion: HINDU Cast: Maratha Physical Disability NOT APPLICABLE							
Correspondence A	ddress:						
UNCHGAON							
City KOLHAPUR		PIN Code: 416005	Email ID: ATY	ALKARSHRUTI@GMAIL.CO	М		
Study Center: N	I.A.						
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details :	(Compulson)) Cr. 0		2/6 91716 Compute	r Saianaa Danar XIII. Cr. 2			
3/6 81667 English			· · · ·	r Science Paper XIII Cr. 2			
3/6 81717 Comput			· ·	r Science Paper XV Cr. 2			
3/6 81719 Computer Science Paper XVI Cr. 2 3/6 81720 Computer Science Practical Cr. 8 Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature & Seal (in the box shown below)	Please sign		
Specimen Sigature:							

					2021038282	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. :	4 2 7 6 5 2 7	
The DIRECTOR, BOAR	D OF EXAMIN	IATIONS AND EVALUAT	TION, SHIVAJI UNIVER	RSITY,KOLHAPUR		
Sir,I request the perr March-2024 for the pa			B.Sc CBCS Semes	er VI (Chemistry)	exam to be held in	
PRN: 2021038282	College: Go	oal Krishna Ghokhale C	ollege,Kolhapur.,KC	LHAPUR		
	N PRIYANKA	RAGHUNATH		Mobile NO : 9	3 0 9 7 0 7 0 1 7	
Write Name in Devanag	gari (Marathi):					
Gender: Female	Religion: HIND	OU Cast: NH	AVI Phys	ical Disability NO	TAPPLICABLE	
Correspondence Address JAWAHAR NAGAR City KOLHAPUR Study Center: N.A.		PIN Code: 416012	Email ID: PRI	YANKACHAVAN829	96@GMAIL.COM	
Fees Details: SEM VI)			Total Fe	∋₹: 0	(Uni.Fee. 0)	
Subject Details : 3/6 81667 English (Comp	oulsory) Cr. 0		3/6 81674 Chemistr	y Paper XIII Cr. 2		
3/6 81675 Chemistry Pap	er XIV Cr. 2		3/6 81676 Chemistr	y Paper XV Cr. 2		
3/6 81677 Chemistry Pap	er XVI Cr. 2		3/6 81678 Chemistr	y Practical Cr. 8		
	understand t				correct to the best of my correct, my candidature is	
Place: Date	e:	Student's Signature (Pleas	e sign strictly	Principal's Signatu	re & Seal (Please sign	

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

					2021037921	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Zoology) Examination, March-2024						
To,				Form No. :	4 2 7 6 4 7 6	
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIV	ERSITY,KOLHAPUR		
	e permission to the papers mentic	present myself at the oned below.	B.Sc CBCS Sen	nester VI (Zoology)	exam to be held in	
PRN: 202103792	1 College: G	Gopal Krishna Ghokhale (College,Kolhapur.,k	KOLHAPUR		
Personal Information	on : CHOUGALE PRAN	OTI HARI		Mobile NO : 9 1	7 2 3 5 9 0 8 1	
Write Name in De	evanagari (Marathi	i):				
Gender: Female	Religion: HI	NDU Cast: Ma	aratha Phy	ysical Disability NOT	APPLICABLE	
Correspondence A	ddress:					
AMAJI VHARAVA	DE					
City KOLHAPUR		PIN Code: 416211	Email ID: P	RONOTICHOUGALE1@	@GMAIL.COM	
Study Center: N	1.A.					
Fees Details:			Total F	-ee ₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)						
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79693 Zoolog	y Paper IX Cr. 2		
3/5 79694 Zoology	Paper X Cr. 2		3/5 79695 Zoolog	y Paper XI Cr. 2		
3/5 79696 Zoology	Paper XII Cr. 2		3/6 81667 English	h (Compulsory) Cr. 0		
3/6 81686 Zoology	Paper XIII Cr. 2		3/6 81687 Zoolog	y Paper XIV Cr. 2		
3/6 81688 Zoology	Paper XV Cr. 2		3/6 81689 Zoolog	y Paper XVI Cr. 2		
3/6 81690 Zoology	Practical Cr. 8					
Optional Subjects	:					
	elief. I understand			•	prrect to the best of my prrect, my candidature is	
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signature in the box shown be		
Specimen Sigature:						

2020027278	
2020021210	

					2020027278	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. :	4 2 7 1 6 7 1	
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPU	R	
	e permission to he papers mentic	present myself at the oned below.	B.Sc CBCS Semest	er VI (Chemist	ry) exam to be held in	
PRN: 2020027278	B College: G	Gopal Krishna Ghokhale (College,Kolhapur. , KO	LHAPUR		
Personal Information	on : HANAVADE SUCH	HITRA BALASO		Mobile NO :	9665738631	
Write Name in De	vanagari (Marathi	i):				
Gender: Female	Religion: HI	NDU Cast: Ma	aratha Physi	cal Disability N	IOT APPLICABLE	
Correspondence A	ddress:					
GADMUDSHINGI						
City KOLHAPUR		PIN Code: 416119	Email ID: such	tradhanavade86	31@gmail.com	
Study Center: N	I.A.					
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)	
SEM VI)						
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	Paper XV 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 (Plea in the box shown below)	se sign strictly	Principal's Signation in the box show	ature & Seal (Please sign n below)	
Specimen Sigature:						

					2021043810
A CONTRACTOR OF		VAJI UNIVERSITY tion Form for B.Sc CE Examination	•	(Geology)	
To,				Form No. :	4 2 7 9 2 2 5
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVEI	RSITY,KOLHAPUR	
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS Semes	ter VI (Geology)	exam to be held in
PRN: 2021043810) College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KC	DLHAPUR	
Personal Information Full Name: ! E Write Name in De	ACHE ANIKHA AII			Mobile NO : 7	058306767
Gender: Female	Religion: ML	ISLIM Cast: MU	SLIM Phys	ical Disability NOT	T APPLICABLE
City KOLHAPUR Study Center: N Fees Details: SEM VI)	.A.	PIN Code:		heaiman@gmail.cor e ₹: 0	n (Uni.Fee. 0)
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81698 Geology	Paper XIII Cr. 2	
3/6 81699 Geology	Paper XIV Cr. 2		3/6 81700 Geology	Paper XV Cr. 2	
3/6 81701 Geology	Paper XVI Cr. 2		3/6 81702 Geology	Practical Cr. 8	
Optional Subjects:					
	lief. I understand				correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signatu in the box shown b	re & Seal (Please sign elow)
Specimen					

Sigature:

					2020027262				
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024									
To,				Form No. :	4 2 7 1 9 7 4				
The DIRECTOR,	The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR								
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2020027282	2 College: G	Gopal Krishna Ghokhale (College,Kolhapur. , KOl	HAPUR					
Personal Informatio	on : SURAV SANIKA SA	ΔΤΔΡΡΔ		Mobile NO :	9322952255				
	vanagari (Marathi								
		-							
Gender: Female	Religion: HIN	NDU Cast: Gl	JRAV Physi	cal Disability	NOT APPLICABLE				
Correspondence A	ddress:								
YEWALE									
City KOLHAPUR		PIN Code: 416012	Email ID: gura	vsanika14@gn	nail.com				
Study Center: N	I.A.								
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)				
SEM VI)									
Subject Details : 3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	Paper XV Cr. 2	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 (Plea in the box shown below)	se sign strictly	Principal's Sig in the box sho	gnature & Seal (Please sign wyn below)				
Specimen Sigature:									

					2021020210	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
To,				Form No. : 4 2	277994	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	LION,SHIVAJI UNIVER	SITY,KOLHAPUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.						
PRN: 202102924	6 College: G	opal Krishna Ghokhale C	ollege,Kolhapur. , KO	LHAPUR		
Personal Information	on :			Mobile NO : 9 9 2 0	688813	
Full Name: ! H	IIRVE SHRUTI SUI	BHASH				
Write Name in De	evanagari (Marathi):				
Gender: Female	Religion: HI	NDU Cast: MA	HAR Physi	ical Disability NOT APPL	ICABLE	
Correspondence A	ddress:					
City WARANANA	GAR	PIN Code:	Email ID: hira	veshruti1334@gmail.com		
Study Center: N			-	00		
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)				•	(2 2 2)	
Subject Details : 3/5 79682 Chemis	try Paper IX Cr. 2		3/5 79683 Chemistry	y Paper X Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistry	y Paper XIII Cr. 2		
	try Paper XIV Cr. 2		3/6 81676 Chemistry			
	try Paper XVI Cr. 2		3/6 81678 Chemistry			
Optional Subjects:				• <u>-</u> -		
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature & Se in the box shown below)	al (Please sign	
Specimen Sigature:						

						202	1037937
A CONTRACTOR		IVAJI UNIVERSIT ion Form for B.Sc CE Examination	SCS Semes	ter VI (Ch	iemistry)		
To,					Form No.	42764	8 1
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI	I UNIVERS	ITY,KOLHAF	PUR	
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS	Semester	VI (Chem	istry) exam to	be held in
PRN: 2021037937	College : G	opal Krishna Ghokhale C	College,Kolhap	our. , KOLH	IAPUR		
Personal Informatic Full Name: !J/ Write Name in De	ADHAV DHANSHF			М	obile NO :	9370358	261
		-	ratha	Physics	Dischility		
Gender: Female	Religion: HIN		araina	Physica	al Disability	NOT APPLICABLE	=
Correspondence Ac	idress:						
UNCHGAUN							
City KOLHAPUR		PIN Code: 416005	Email I	D: DSJ@	GMAIL.COM	1	
Study Center: N	.A.						
Fees Details:				Total Fee ₹	t: 0	(Uni	.Fee. 0)
SEM VI)							
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81674	Chemistry F	Paper XIII Cr.	2	
	ry Paper XIV Cr. 2				Paper XV Cr.		
3/6 81677 Chemist	· · ·				Practical Cr. 8		
Optional Subjects:				· ·			
	lief. I understand	all statements made in that in the event of a	iny informatio	n being fo	ound false o	or incorrect, my ca	andidature is
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly		Principal's Sig	gnature & Seal (Pleas own below)	se sign

Specimen Sigature:

					2020041237	
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024						
То,				Form No. :	4 2 7 2 4 3 3	
The DIRECTOR,	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIVEF	RSITY,KOLHAPUR		
	e permission to he papers mentio	present myself at the oned below.	B.Sc CBCS Semes	ter VI (Chemistry)	exam to be held in	
PRN: 202004123	7 College: G	Sopal Krishna Ghokhale	College,Kolhapur.,KC	DLHAPUR		
Personal Information	on :			Mobile NO: 77	22005386	
Full Name: ! K	ADAM SHRUTIKA	SURESH				
Write Name in De	evanagari (Marathi	i):				
Gender: Female	Religion: HIN	NDU Cast: M	aratha Phys	ical Disability NOT	APPLICABLE	
Correspondence A	ddress:					
KALAMBA ROAD						
City KOLHAPUR		PIN Code: 416007	Email ID: shru	utikadam0410@gmai	l.com	
Study Center: N	I.A.					
Fees Details: SEM V), SEM VI)			Total Fe	e₹: 0)	(Uni.Fee. 0)	
Subject Details : 3/5 79683 Chemist	try Paper X Cr. 2		3/5 79684 Chemistr	y Paper XI Cr. 2		
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistr	y Paper XIII Cr. 2		
3/6 81675 Chemist	try Paper XIV Cr. 2		3/6 81676 Chemistr	y Paper XV Cr. 2		
3/6 81677 Chemist	try Paper XVI Cr. 2		3/6 81678 Chemistr	y Practical Cr. 8		
Optional Subjects:						
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.						
Place:	Date:	Student's Signature (Plea in the box shown below)	ase sign strictly	Principal's Signatur in the box shown be	e & Seal (Please sign elow)	
Specimen Sigature:						

						2021037837	
AND THE REAL PROPERTY OF THE R	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Zoology) Examination, March-2024						
То,					Form No. :	4 2 7 6 3 6 2	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVA.	I UNIVERS	SITY,KOLHAPUR		
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBC	S Semest	ter VI (Zoology)	exam to be held in	
PRN: 202103783	7 College: G	opal Krishna Ghokhale(College,Kolha	pur. , KOL	HAPUR		
	AMBLE ANKITA (Ν	Nobile NO : 9	5 5 2 5 6 3 2 1 9	
Write Name in De	vanagari (Marathi):					
Gender: Female	Religion: HI	NDU Cast: MA	AHAR	Physic	al Disability NO	TAPPLICABLE	
Correspondence A	ddress:						
KAGAL							
City KOLHAPUR Study Center: N	١۵	PIN Code: 416216	Email	ID: ACK	@GMAIL.COM		
Fees Details:				Total Fee	₹: 0	(Uni.Fee. 0)	
SEM V), SEM VI)					•		
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79693	Zoology Pa	aper IX Cr. 2		
3/5 79696 Zoology	Paper XII Cr. 2		3/6 81667	English (C	ompulsory) Cr. 0		
3/6 81686 Zoology	Paper XIII Cr. 2		3/6 81687	Zoology Pa	aper XIV Cr. 2		
3/6 81688 Zoology	Paper XV Cr. 2		3/6 81689	Zoology Pa	aper XVI Cr. 2		
3/6 81690 Zoology	Practical Cr. 8						
Optional Subjects:							
	elief. I understand					correct to the best of my correct, my candidature is	
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/	Principal's Signatu	ure & Seal (Please sign below)	
Specimen Sigature:							

								2021000100
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
To,					For	rm No. :	427	6354
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	LION,SHIVAJ	I UNIVER	SITY,K	OLHAPUR		
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.								
PRN: 2021035788 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR								
Personal Information	on :				Mobile	NO: 70	281	71009
Full Name: ! K	AMBLE NIKITA A	SHOK						
Write Name in De	evanagari (Marathi	i):						
Gender: Female Religion: HINDU Cast: MAHAR Physical Disability NOT APPLICABLE								
Correspondence A	ddress:							
UCHGAON								
City KOLHAPUR		PIN Code: 416005	Email I	D: NIKI	TAKAN	/IBLE2902@C	GMAIL.CO	МС
Study Center: N	I.A.							
Fees Details:				Total Fee	e₹: 0	D		(Uni.Fee. 0)
SEM V), SEM VI)								
Subject Details : 3/5 79729 Comput	er Science Paper X	Cr. 2	3/6 81667	English (C	Compuls	sory) Cr. 0		
3/6 81716 Comput	er Science Paper XII	II Cr. 2	3/6 81717	Computer	Science	e Paper XIV C	Cr. 2	
·	er Science Paper XV					e Paper XVI C		
3/6 81720 Comput			·					
Optional Subjects:								
Declaration: I here	by declare that a	all statements made in t	his application	on are tru	ue com	nplete and c	orrect to	the best of my
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is							
liable to be cancelle	-	Student's Signature (Pleas	se sign strictly	1	Princi	ipal's Signatur	e & Seal (Please sign
Place:	Date:	in the box shown below)				box shown be		
Specimen								
Sigature:	1							

2021040819)
20210-0013	, i

					2021040819			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Geology) Examination, March-2024								
To,				Form No. : 4	277280			
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR				
	Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Geology) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021040819	College : G	opal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR				
Personal Information : Mobile NO : 7 8 4 3 0 2 6 5 9 5 Full Name: ! KUDALKAR RIYA RAMESH Write Name in Devanagari (Marathi):								
Gender: Female	Gender: Female Religion: HINDU Cast: Maratha Physical Disability NOT APPLICABLE							
Correspondence Address:								
DEVKAR PANAN								
City KOLHAPUR		PIN Code: 416012	Email ID: RIYA	KUDALKAR2003@GM	AIL.COM			
Study Center: N	I.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81698 Geology F	Paper XIII Cr. 2				
3/6 81699 Geology	Paper XIV Cr. 2		3/6 81700 Geology Paper XV Cr. 2					
3/6 81701 Geology	Paper XVI Cr. 2		3/6 81702 Geology Practical Cr. 8					
Optional Subjects:								
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signature & in the box shown below				
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,						

			2020025932					
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
То,		Form No. :	4 2 7 1 8 0 7					
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVA	JI UNIVERS	ITY,KOLHAPUR						
Sir,I request the permission to present myself at the B.Sc CBC March-2024 for the papers mentioned below.	S Semester	VI (Chemistry)	exam to be held in					
PRN: 2020025932 College: Gopal Krishna Ghokhale College,Kolh	apur.,KOLI	HAPUR						
Personal Information : Full Name: I KURANE SHWETA ANANDA Write Name in Devanagari (Marathi):	Μ	obile NO : 9 8	3 3 4 5 5 3 4 5 3					
Gender: Female Religion: HINDU Cast: MAHAR	Physic	al Disability NOT	APPLICABLE					
Correspondence Address:								
GHORPADE VASAHAT								
City KOLHAPUR PIN Code: 416208 Emai	IID: shwet	ask27199@gmail.o	com					
Study Center: N.A.								
Fees Details:	Total Fee	t: 0	(Uni.Fee. 0)					
SEM V), SEM VI)								
Subject Details :								
		Paper XIII Cr. 2 Paper XV Cr. 2						
Optional Subjects:	, onemistry i							

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

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

					2020049147				
A CONTRACTOR OF THE OWNER	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No. :	4 2 7 2 5 6 4				
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUATION	N,SHIVAJI UNIVER	SITY,KOLHAP	UR				
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.									
PRN: 2020049147 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR									
Personal Information	on :			Mobile NO :	7 3 5 0 0 7 8 9 7 1				
Full Name: ! LAD ASMITA LALASO									
Write Name in Devanagari (Marathi):									
Gender: Female	Religion: HIN	NDU Cast: Marath	a Physi	cal Disability	NOTAPPLICABLE				
Correspondence A	ddress:								
SAMARATH NAG	AR								
City KOLHAPRU		PIN Code: 416234	Email ID: asmi	ta2001lad@gm	nail.com				
Study Center: N	I.A.								
Fees Details:			Total Fee	₹: 0	(Uni.Fee. 0)				
SEM VI)									
Subject Details :									
3/6 81675 Chemist			-						
Optional Subjects:									
	lief. I understand				nd correct to the best of my incorrect, my candidature is				
Place:	Date:	Student's Signature (Please si in the box shown below)	gn strictly	Principal's Sig in the box sho	nature & Seal (Please sign wn below)				
Specimen Sigature:									

						2021	037859
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Zoology) Examination, March-2024							
То,					Form No. :	4 2 7 6 3	64
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	FION,SHIVAJ	I UNIVERS	SITY,KOLHAPUR		
	e permission to he papers mentio	present myself at the oned below.	B.Sc CBC	S Semest	er VI (Zoology)	exam to b	e held in
PRN: 2021037859	College : G	opal Krishna Ghokhale C	ollege,Kolha	pur.,KOL	HAPUR		
	OHAR SANIKA SA			Ν	Nobile NO : 9	921516	356
Write Name in De	vanagari (Marathi):					
Gender: Female	Religion: HIN	NDU Cast: LO	HAR	Physic	al Disability NO	T APPLICABLE	
Correspondence A	ddress:						
KHEBAVADE							
City KOLHAPUR		PIN Code: 416221	Email	D: SANI	KALOHAR@GMA	AIL.COM	
Study Center: N	I.A.						
Fees Details:				Total Fee	₹: 0	(Uni	Fee. 0)
SEM V), SEM VI)							
Subject Details : 3/5 79693 Zoology	Deper IV Cr. 2		015 70604	Zaalaav D			
	•		3/5 79694		•		
3/5 79695 Zoology 3/6 81686 Zoology					ompulsory) Cr. 0 aper XIV Cr. 2		
3/6 81688 Zoology					aper XVI Cr. 2		
3/6 81690 Zoology			0,0 01000	20010991	APOL AVI 01. 2		
Optional Subjects:							
	elief. I understand	all statements made in t I that in the event of a	ny informatio	on being f	ound false or in	correct, my ca	ndidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's Signatu		e sign
Specimen Sigature:							

								2021040868
ALL CONTRACTOR OF THE STATE	Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,					Form N	No. :	427	7551
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJ	I UNIVER	SITY,KOLI	HAPUR		
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Ch	emistry)	exam	to be held in
PRN: 2021040868	3 College: G	opal Krishna Ghokhale C	ollege,Kolha	pur. , KOL	HAPUR			
Personal Information	on :			I	Mobile NO :	99	601	2 1 1 3 5
Full Name: IN	ALE KOMAL ANIL	-						
Write Name in De	vanagari (Marathi):						
Gender: Female	Religion: HIN	NDU Cast: Ma	ratha	Physic	cal Disabil	iity NOT A	APPLICA	\BLE
Correspondence A	ldress:							
YEVATI								
City KOLJHAPUR		PIN Code: 416207	Email I	ID: KOM	IALNALE1	135@GMA	AIL.COM	
Study Center: N	.A.							
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0		((Uni.Fee. 0)
Subject Details : 3/5 79684 Chemist	ny Paper XI, Cr. 2		3/6 81667	English (C	compulsory)	Cr 0		
3/6 81674 Chemist			3/6 81675					
3/6 81676 Chemist	· · ·		3/6 81677	•	•			
3/6 81678 Chemist	ry Practical Cr. 8							
Optional Subjects:	-							
	lief. I understand	all statements made in t that in the event of ar						
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	/	-	s Signature shown bel		Please sign
Specimen Sigature:								

							2	021037995
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							2	
To,					Form No). :	427	6521
The DIRECTOR, E	30ARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJ	I UNIVERS	SITY,KOLH	APUR		
Sir,I request the March-2024 for th		present myself at the ned below.	B.Sc CBCS	Semeste	er VI (Che	mistry)	exam t	o be held in
PRN: 2021037995	College: G	opal Krishna Ghokhale C	College,Kolha	pur. , KOL	HAPUR			
Personal Informatio				ľ	Mobile NO :	90	6764	0521
	ATIL DNYANESHV							
Write Name in De	vanagari (Marathi):						
Gender: Female	Religion: HIN	NDU Cast: Ma	aratha	Physic	al Disabilit	y NOTA	APPLICA	BLE
Correspondence Ac	ldress:							
YEWATI								
City KOLHAPUR		PIN Code: 416207	Email	DNY	ANUPATIL1	16@GM/	AIL.COM	
Study Center: N	.A.							
Fees Details:				Total Fee	₹: 0		(Uni.Fee. 0)
SEM VI)								
Subject Details : 3/6 81667 English ((Compulsory) Cr. 0		3/6 81674	Chemistry	Paper XIII C	Cr. 2		
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676	Chemistry	Paper XV C	sr. 2		
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678	Chemistry	Practical Cr	. 8		
Optional Subjects:								
knowledge and be	Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	/	Principal's in the box s	-		lease sign

Specimen Sigature:

					2021037926	
Manda and	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Zoology) Examination, March-2024					
То,				Form No. :	4 2 7 6 4 7 9	
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHAPUR		
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS Semes	ster VI (Zoology)	exam to be held ir	
PRN: 2021037920	6 College: G	opal Krishna Ghokhale C	ollege,Kolhapur. , KO	LHAPUR		
	on : ATIL MAYURI BAL evanagari (Marathi			Mobile NO : 8 8	3 3 0 9 2 9 6 1 6	
Gender: Female	Religion: HI	NDU Cast: Ma	ratha Physi	cal Disability NOT	APPLICABLE	
Correspondence A HASUR DV City KOLHAPUR	ddress:	PIN Code: 416001	Email ID: MAY	URIPATIL27112003	MGMAIL COM	
Study Center: N	I.A.	Fin Code. 410001		UNIFAILEZ 112005		
Fees Details: SEM V), SEM VI)			Total Fee	e₹: 0	(Uni.Fee. 0)	
Subject Details :						
8/5 79693 Zoology			3/5 79694 Zoology F			
3/6 81667 English 3/6 81687 Zoology	· · · · ·		3/6 81686 Zoology F			
3/6 81689 Zoology			3/6 81690 Zoology F			
Optional Subjects:			<u> 0/0 0.000 20010gy </u>			
	elief. I understand	all statements made in t that in the event of a				
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	re & Seal (Please sign elow)	
Specimen Sigature:		,				

					2020020000			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No.	: 4271976			
The DIRECTOR, I	BOARD OF EXAM	IINATIONS AND EVALUA	TION,SHIVAJI UNIVER	SITY,KOLHA	PUR			
Sir,I request the March-2024 for t		present myself at the oned below.	B.Sc CBCS Semest	er VI (Chem	nistry) exam to be held in			
PRN: 2020020863	3 College: G	Gopal Krishna Ghokhale(College,Kolhapur.,KO	LHAPUR				
Personal Information	on :			Mobile NO :	7 3 8 5 2 4 0 5 1 9			
Full Name: ! P	ATIL PRAJAKTA	ASHOK						
Write Name in De	vanagari (Marathi	i):						
Gender: Female	Religion: HI	NDU Cast: Ma	aratha Physi	cal Disability	NOT APPLICABLE			
Correspondence A	ddress:							
GADMUDSHINGI								
City KOLHAPUR		PIN Code: 416119	Email ID: praja	akta2002patil@	@gmail.com			
Study Center: N	I.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)			
SEM V), SEM VI)								
Subject Details : 3/5 79684 Chemist	ry Paper XI Cr. 2		3/6 81675 Chemistry	Paper XIV Cr	. 2			
Optional Subjects:								
	lief. I understand				and correct to the best of my or incorrect, my candidature is			
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's S in the box sh	ignature & Seal (Please sign Iown below)			
Specimen Sigature:								

2021040754

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024									
То,				Form No. :	4 2 7 7 9 2 9				
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR									
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.									
PRN: 2021040754 College: Gopal Krishna Ghokhale College, Kolhapur., KOLHAPUR									
Personal Informatio	on :			Mobile NO : 9	4 2 0 4 3 1 0 2 9				
Full Name: P	ATIL RUTUJA BAI	LU							
Write Name in De	vanagari (Marathi	i):							
Gender: Female	Religion: HIN	NDU Cast: Ma	aratha Phys	ical Disability NO	TAPPLICABLE				
Correspondence Ac	ldress:								
TALYE									
City KOLHAPUR		PIN Code: 416206	Email ID: RUT	rujapatil3746@G	MAIL.COM				
Study Center: N	.A.								
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)				
SEM VI)									
Subject Details : 3/6 81667 English (Compulsory) Cr. 0		3/6 81716 Compute	r Science Paper XIII(Cr. 2				
3/6 81717 Compute		V Cr. 2	3/6 81718 Compute	· · ·					
3/6 81719 Compute	er Science Paper XV	/I Cr. 2	3/6 81720 Compute	r Science Practical C	r. 8				
3/6 81719 Computer Science Practical Cr. 8 Optional Subjects:									
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.									
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signatu in the box shown b	re & Seal (Please sign below)				
Specimen Sigature:									

					2021040864		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024							
То,				Form No. :	4 2 7 7 7 4 3		
The DIRECTOR, E	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVAJI UNIVEF	RSITY,KOLHAPUR			
Sir,I request the March-2024 for tl		present myself at the ned below.	B.Sc CBCS Semes	ter VI (Chemistry)	exam to be held in		
PRN: 2021040864	4 College: G	opal Krishna Ghokhale (College,Kolhapur. , KC	DLHAPUR			
Personal Information Full Name: Pr Write Name in De	ATIL SANIKA DAT			Mobile NO : 0 (0 0 0 0 0 0 0 0 0 0		
Gender: Female	Religion: HIN	NDU Cast: Ma	aratha Phys	ical Disability NOT	APPLICABLE		
Correspondence Ac	ddress:						
City KOLHAPUR		PIN Code: 416216	Email ID: SDI	P@GMAIL.COM			
Study Center: N Fees Details: SEM V), SEM VI)	I.A.		Total Fe	e₹: ()	(Uni.Fee. 0)		
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79684 Chemisti	y Paper XI Cr. 2			
3/6 81667 English ((Compulsory) Cr. 0		3/6 81674 Chemistr	y Paper XIII Cr. 2			
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistr	y Paper XV Cr. 2			
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistr	y Practical Cr. 8			
Optional Subjects:							
	lief. I understand				correct to the best of my orrect, my candidature is		
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	re & Seal (Please sign elow)		
Specimen		,					

Sigature:

							2021040536
AND THE OWNER		IVAJI UNIVERSIT ion Form for B.Sc CI Examination	BCS Semes	ster VI (C	Chemistry)		
To,					Form No. :	42	77970
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	TION,SHIVA	II UNIVER	SITY,KOLHAF	VUR	
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semest	er VI (Chemi	istry) exar	m to be held in
PRN: 202104053	6 College: G	opal Krishna Ghokhale	College,Kolha	pur., KO	LHAPUR		
Personal Information	on :				Mobile NO :	7720	0 2 4 9 7 1
Full Name: ! P	ATIL SHRAVANI R	ANGARAO					
Write Name in De	evanagari (Marathi):					
Gender: Female	Religion: HI	NDU Cast: M	aratha	Physi	cal Disability	NOT APPLI	CABLE
Correspondence A	ddress:						
City		PIN Code:	Email	ID: SHR	AVANIPATIL2	08@GMAIL	COM
Study Center: N	I.A.						
Fees Details:				Total Fee	e₹: 0		(Uni.Fee. 0)
SEM III), SEM V),	SEM VI)						
	,						
Subject Details : 2/3 73301 Physics	Paper V & VI Cr. 4		3/5 79671	English (C	Compulsory) Cr.	0	
3/5 79682 Chemist	try Paper IX Cr. 2		3/5 79683	Chemistry	Paper X Cr. 2		
3/5 79684 Chemist	try Paper XI Cr. 2		3/6 81667	English (C	Compulsory) Cr.	0	
3/6 81674 Chemist	try Paper XIII Cr. 2		3/6 81675	Chemistry	Paper XIV Cr.	2	
3/6 81676 Chemist	try Paper XV Cr. 2		3/6 81677	Chemistry	Paper XVI Cr.	2	
3/6 81678 Chemist	try Practical Cr. 8						
Optional Subjects:							
	elief. I understand	all statements made in that in the event of a					-
Place:	Date:	Student's Signature (Plea in the box shown below)	ase sign strictl	Y	Principal's Sig	-	II (Please sign
Specimen Sigature:							

					2021043125			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024								
To,				Form No. :	4 2 7 8 5 1 5			
The DIRECTOR, E	BOARD OF EXAM	INATIONS AND EVALUAT	TON,SHIVAJI UNIVI	ERSITY,KOLHAF	PUR			
Sir,I request the in March-2024 for			Sc CBCS Semeste	r VI (Computer	Science) exam to be held			
PRN: 2021043125	College : G	opal Krishna Ghokhale C	ollege,Kolhapur.,k	OLHAPUR				
Personal Informatic Full Name: P Write Name in De	OGATENATTI REV			Mobile NO :	7 3 9 7 8 8 5 6 9 9			
Gender: Female	Religion: HIN	NDU Cast: Lin	gayat Phy	sical Disability	NOT APPLICABLE			
Correspondence Ac	ldress:							
TAMGAON								
City KOLHAPUR		PIN Code: 416234	Email ID: PI	REVATI486@GM	AIL.COM			
Study Center: N	.A.							
Fees Details:			Total F	ee ₹: 0	(Uni.Fee. 0)			
SEM VI)								
Subject Details : 3/6 81667 English	(Compulsory) Cr. 0		3/6 81716 Compu	iter Science Paper	XIII Cr. 2			
3/6 81717 Compute	er Science Paper XIV	V Cr. 2	3/6 81718 Compu					
3/6 81719 Compute			3/6 81720 Compu	· · · · · ·				
Optional Subjects:	·		·					
	lief. I understand	that in the event of a	ny information bein		and correct to the best of my r incorrect, my candidature is			
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Sig in the box sho	gnature & Seal (Please sign own below)			
Specimen		······			/			

Sigature:

					2021038231
A CONTRACTOR		VAJI UNIVERSITY tion Form for B.Sc CE Examination,	BCS Semester VI (Geology)	
To,				Form No. :	4 2 7 7 2 8 3
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	ION,SHIVAJI UNIVER	SITY,KOLHAPUR	
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS Semest	er VI (Geology)	exam to be held in
PRN: 2021038231	College: G	opal Krishna Ghokhale C	ollege,Kolhapur.,KO	LHAPUR	
Personal Information Full Name: P Write Name in De	OWAR SAMILSH			Mobile NO : 95	579142423
Gender: Female	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT	APPLICABLE
Correspondence A	ddress:				
ISPURLI					
City KOLHAPUR		PIN Code: 416207	Email ID: SAN	KETPOWAR0516@	GMAIL.COM
Study Center: N	I.A.			.	
Fees Details: SEM VI)			Total Fee	e₹: 0	(Uni.Fee. 0)
Subject Details : 3/6 81667 English	(Compulsory) Cr 0		3/6 81698 Geology F	Paper XIII Cr 2	
3/6 81699 Geology			3/6 81700 Geology F	•	
3/6 81701 Geology	•		3/6 81702 Geology F		
Optional Subjects:					
	lief. I understand				orrect to the best of my prrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	e sign strictly	Principal's Signature in the box shown be	e & Seal (Please sign elow)
Specimen		,			

. Sigature:

							2018038249		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Geology) Examination, March-2024									
To,					Form No.	: 4	270911		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUAT	FION,SHIVAJ	I UNIVERS	SITY,KOLHA	PUR			
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Geolo	ogy) ex	am to be held in		
PRN: 201803824	9 College : G	opal Krishna Ghokhale C	ollege,Kolha	pur.,KOL	HAPUR				
Personal Information : Mobile NO : 9 0 9 6 0 0 4 4 3 6 Full Name: ! SHINDE NISHA SIDDHANATH Write Name in Devanagari (Marathi):									
Gender: Female	Religion: HI	-	IAMBHAR	Physic	al Disability	NOT APF	PLICABLE		
Correspondence A R.K.NAGAR City Kolhapur		PIN Code: 416013	Email	I D : 123@)gmail.com	Л			
Study Center: N Fees Details: SEM V), SEM VI)	I.A.			Total Fee	₹: 0		(Uni.Fee. 0)		
Subject Details : 3/5 79671 English	(Compulsory) Cr. 0		3/5 79703	Geology Pa	aper IX Cr. 2				
3/6 81667 English	· · · · · ·				aper XIII Cr. 2	2			
3/6 81699 Geology					aper XV Cr. 2				
3/6 81701 Geology	/ Paper XVI Cr. 2		3/6 81702						
Optional Subjects:									
	elief. I understand	all statements made in t that in the event of a							
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly		Principal's Si in the box sh	-	eal (Please sign		
Specimen Sigature:		, , , , , , , , , , , , , , , , , , ,				,			

						2021037780		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
То,					Form No. :	4 2 7 8 8 4 3		
The DIRECTOR, I	30ARD OF EXAM	INATIONS AND EVALU	JATION,SHIVAJI UN		Y,KOLHAP	UR		
	e permission to p he papers mentio	present myself at the ned below.	e B.Sc CBCS Se	emester	VI (Chemi	stry) exam to be held in		
PRN: 2021037780) College: G	opal Krishna Ghokhale	College,Kolhapur.	, KOLH	APUR			
	on : HINDE PRANAJAI evanagari (Marathi)			Мо	bile NO :	8 8 0 6 5 0 2 2 3 7		
Gender: Female	Religion: HIN		MAHAR	Physical	Disability	NOT APPLICABLE		
Correspondence Ac	ddress:							
City KOLHAPUR Study Center: N Fees Details:		PIN Code:	Email ID:	prananj al Fee ₹:	alishinde4@)gmail.com (Uni.Fee. 0)		
SEM III), SEM V),	SEM VI)			an oo	U	(01111 00. 0)		
Subject Details : 2/3 73306 Geology	Paper V & VI <u>Cr. 4</u>		3/5 79682 Che	emistry Pa	per IX Cr. 2			
3/5 79683 Chemist	•				aper XI Cr. 2			
3/6 81667 English ((Compulsory) Cr. 0		3/6 81674 Che	emistry Pa	aper XIII Cr. 2	2		
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Ch	emistry Pa	aper XV Cr. 2	2		
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Che	emistry Pr	actical Cr.8			
Optional Subjects:		u statements made ir	a this application a	ore true		and correct to the best of r		
	elief. I understand	that in the event of	any information b			ind correct to the best of r r incorrect, my candidature		
Place:	Date:	Student's Signature (Ple in the box shown below			rincipal's Sig the box sho	nature & Seal (Please sign wn below)		
Specimen	·		•)					

. Sigature:

					2021037899
ALL CONTRACTOR OF THE STATE		IVAJI UNIVERSITY ion Form for B.Sc CB Examination	•	Chemistry)	
To,				Form No. :	4 2 7 6 4 6 5
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUAT	TION,SHIVAJI UNIVER	SITY,KOLHAPUR	
	permission to he papers mentio	present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in
PRN: 2021037899	College: G	opal Krishna Ghokhale C	ollege,Kolhapur., KO	LHAPUR	
Personal Information Full Name: I S Write Name in De	ULGAVE DHARAT			Mobile NO : 8 4	4 9 5 9 2 1 3 5 3
Gender: Female	Religion: HIN	NDU Cast: MA	HAR Physi	cal Disability NOT	APPLICABLE
Correspondence A	ddress:				
KOGNOLI					
City CHIKKODI		PIN Code: 591241	Email ID: DRS	@GMAIL.COM	
Study Center: N	I.A.				
Fees Details: SEM VI)			Total Fee	e₹: 0	(Uni.Fee. 0)
Subject Details : 3/6 81667 English	(Compulsory) Cr. ()		3/6 81674 Chemistry	Paper XIII Cr. 2	
	ry Paper XIV Cr. 2		3/6 81676 Chemistry		
3/6 81677 Chemist			3/6 81678 Chemistry		
Optional Subjects:					
	lief. I understand				correct to the best of my orrect, my candidature is
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	re & Seal (Please sign elow)
Specimen		,			

. Sigature:

						2021037946		
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Geology) Examination, March-2024								
To,					Form No. :	4 2 7 6 4 8 5		
The DIRECTOR,	BOARD OF EXAM	INATIONS AND EVALUA	LION,SHIVA	I UNIVERS	ITY,KOLHAPU	ÍR		
	e permission to he papers mentic	present myself at the ned below.	B.Sc CBCS	Semeste	r VI (Geology) exam to be held in		
PRN: 202103794	6 College: G	opal Krishna Ghokhale C	college,Kolha	pur.,KOL	HAPUR			
	on : ATE VAISHNAVI A evanagari (Marathi			N	lobile NO :	9 1 3 0 1 9 1 5 1 5		
Gender: Female	Religion: HIN	NDU Cast: Ma	ıratha	Physic	al Disability N	NOT APPLICABLE		
Correspondence A	ddress:							
ISPURLI								
City KOLHAPUR		PIN Code: 416207	Email	ID: VAT@	GMAIL.COM			
Study Center: N	I.A.							
Fees Details: SEM V), SEM VI)				Total Fee	₹: 0	(Uni.Fee. 0)		
Subject Details : 3/5 79704 Geology	/ Paper X Cr. 2		3/6 81667	English (Co	ompulsory) Cr. 0			
3/6 81698 Geology			3/6 81699	Geology Pa	aper XIV Cr. 2			
3/6 81700 Geology	/ Paper XV Cr. 2		3/6 81701	Geology Pa	aper XVI Cr. 2			
3/6 81702 Geology	/ Practical Cr. 8							
Optional Subjects								
	elief. I understand					id correct to the best of my incorrect, my candidature is		
Place:	Date:	Student's Signature (Plea in the box shown below)	se sign strictly	/	Principal's Sign in the box show	ature & Seal (Please sign /n below)		
Specimen Sigature:								

					2021037735			
SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Chemistry) Examination, March-2024								
To,				Form No. :	4 2 7 6 3 5 9			
The DIRECTOR, I	BOARD OF EXAM	INATIONS AND EVALUA	ΓΙΟΝ,SHIVAJI UNIVER	SITY,KOLHAPUR				
Sir,I request the March-2024 for t		present myself at the ned below.	B.Sc CBCS Semest	er VI (Chemistry)	exam to be held in			
PRN: 2021037735	5 College: G	opal Krishna Ghokhale C	College,Kolhapur. , KO	LHAPUR				
Personal Information Full Name: 1 Write Name in De	ELVEKAR KAVITA			Mobile NO : 8 6	0 0 9 4 5 6 5 3			
Gender: Female	Religion: HIN	NDU Cast: Ma	ratha Physi	cal Disability NOT	APPLICABLE			
Correspondence Ad PIMPALGAON KH City KOLHAPUR Study Center: N Fees Details:	IURD MALBHAG	PIN Code: 416216	Email ID: KAV	ITATELVEKAR13@(GMAIL.COM (Uni.Fee. 0)			
SEM V), SEM VI)								
Subject Details : 3/5 79682 Chemist	ry Paper IX Cr. 2		3/5 79684 Chemistry	/ Paper XI Cr. 2				
3/6 81667 English	(Compulsory) Cr. 0		3/6 81674 Chemistry	Paper XIII Cr. 2				
3/6 81675 Chemist	ry Paper XIV Cr. 2		3/6 81676 Chemistry	Paper XV Cr. 2				
3/6 81677 Chemist	ry Paper XVI Cr. 2		3/6 81678 Chemistry	Practical Cr. 8				
Optional Subjects:		all statements made in t	this application are tr	ue complete and c	correct to the best of m			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.								
Place:	Date:	Student's Signature (Pleas in the box shown below)	se sign strictly	Principal's Signatur in the box shown be	e & Seal (Please sign elow)			
Specimen								

Sigature:

2021	035791
2021	033191

SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.Sc CBCS Semester VI (Computer Science) Examination, March-2024							
To,				Form No. : 4 2 7	76355		
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR							
Sir,I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.							
PRN: 2021035791 College: Gopal Krishna Ghokhale College,Kolhapur., KOLHAPUR							
Personal Information	on :			Mobile NO : 8 1 8 0 8	77198		
Full Name: VADD SHWETA YASHVANT							
Write Name in Devanagari (Marathi):							
Gender: Female	Religion: HIN	IDU Cast: VADAR Phys		ical Disability NOT APPLICABLE			
Correspondence Address:							
1382 E WARD							
City KOLHAPUR		PIN Code: 416008	Email ID: VAD	DSHWETA@GMAIL.COM			
Study Center: N.A.							
Fees Details:			Total Fee	e₹: 0	(Uni.Fee. 0)		
SEM VI)							
Subject Details :	(Compulsory) Cr. 0		2/6 91716 Computer	r Sajanga Danar XIII. Cr. 2			
3/6 81667 English (Compulsory) Cr. 0		3/6 81716 Computer Science Paper XIII Cr. 2 3/6 81718 Computer Science Paper XV Cr. 2					
3/6 81717 Computer Science Paper XIV Cr. 2							
3/6 81719 Computer Science Paper XVI Cr. 2 3/6 81720 Computer Science Practical Cr. 8							
Optional Subjects:							
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.							
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)		Principal's Signature & Seal (Please sign in the box shown below)			
Specimen Sigature:							