



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Zoology)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 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 (Zoology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020027810 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 7 9 9 9 2 1 0 5**Full Name:** ABHANGE OMKAR ARJUN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KANJARBHAT**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TRIMURTI NAGAR

City KOLHAPUR**PIN Code:** 416234**Email ID:** sagarbatunge775@gmail.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 sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 3 5**

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: 2020027276 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

ADSUL MALA

City KOLHAPUR**PIN Code:** 416004**Email ID:** sourabhadsul2777@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 9 5 8 3**

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

Sir, I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021052369 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 2 5 0 8 2 8 9**Full Name:** AREKAR RUTURAJ BHIRINATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** ruturajarekar6@gmail.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 4 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020020879 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

14 th lane

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 7 0 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: 2021032775 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

Kaneriwadi

City Kolhapur**PIN Code:** 416234**Email ID:** rupesha1551@gmail.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

3/5 79731 Computer Science Paper XII Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 8 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: 2020027271 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 1 8 4 9 6 6 9 2**Full Name:** BABAR SWAPNIL BHAUSO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BAMNI

City KOLHAPUR**PIN Code:** 416232**Email ID:** swapnilbabar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 8 5 2 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038269 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 1 0 1 0 7 4 7 1**Full Name:** BAGAL HARSHWARDHAN BAPUSO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YALGUD

City KOLHAPUR**PIN Code:** 416236**Email ID:** HBB@GMAIL.COM**Study Center:** N.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 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 6 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: 2020029276 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 2 9 9 8 2 9 7 1**Full Name:** **BATUNGE AMAN MOHAN****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KANJARBHAT**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR SSC BOARD MOTINAGAR KANJARBHAT VASAHAAT

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 7 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: 2020029256 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KUDITRE

City KOLHAPUR**PIN Code:** 416204**Email ID:** omkarbhamtekar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **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 Computer Science. Paper VII & VIII Cr. 8

2/4 78928 ENVIRONMENTAL STUDIES Cr. 0

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Physics)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 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 (Physics) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038211 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 0 3 0 4 4 9 0 2 9**Full Name:** BHOSALE AVINASH SATISH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** AVINASHBHOSALE9497@GMAIL.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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 9 4 8 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 (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021049677 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 9 5 2 3 8 8**Full Name:** BHOSALE DEVENDRA PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** devbhosale5@gmail.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 5 7 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: 2020027274 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 3 8 5 9 0 7 1**Full Name:** BHOSALE GANESH MAHENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD BIJALI CHOWK

City KOLHAPUR**PIN Code:** 416012**Email ID:** ganeshmahendra946@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020029269 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 3 0 7 4 2 2 7 7**Full Name:** BHOSALE KETAN CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOGNOLI

City BELGAUM**PIN Code:** 591229**Email ID:** bhosaleketan04@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038224 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **0 0 0 0 0 0 0 0 0 0**Full Name: **BHOSALE SHUBHAM GANPAT**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

City

PIN Code:

Email ID: BHOSALESHUBHAM295@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 79683 Chemistry 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 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:

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

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



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		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 7 0 5 7 7 6 8 8 5 9	
Full Name: BHUTE YASH RAJESH			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Other	Physical Disability NOT APPLICABLE
Correspondence Address:			
S.S.C BOARD MAHADA COLONY			
City KOLHAPUR	PIN Code: 416008	Email ID: bhuteyash780@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0 (Uni.Fee. 0)	
SEM VI)			
Subject Details :			
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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

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: 2021038151 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 1 9 4 7 9 1 6**Full Name:** BOTE ONKAR SHANTINATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DINDNERLI

City KOLHAPUR**PIN Code:** 416207**Email ID:** OBOTE2399@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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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 Chemistry Practical Cr. 8

Optional Subjects:

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 6 5**

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: 2020020893 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 0 7 4 6 5 3 6**Full Name:** BUGADE ANIKET ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GANESH NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** aniketbugade06@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

3/6 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2021038299 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KANERI

City KOLHAPUR**PIN Code:** 416234**Email ID:** SATYARC198@GMAIL.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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 6 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: 2021040525 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 8 0 2 5 3 1 9 1**Full Name:** CHAVAN KIRAN BAJARANG**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** CHAVANKIRAN5208@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 79683 Chemistry 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 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:

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

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



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 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 (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021043115 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

RAJOPADHE NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** PRATAPC1630@GMAIL.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 7 1**

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: 2021040945 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NIGAVE KHALSA

City KOLHAPUR**PIN Code:** 416207**Email ID:** DHAIRYSHEELCHOUGALE2003@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 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

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

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

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

PRN: 2021040923 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MADYAL

City KOLHAPUR**PIN Code:** 416218**Email ID:** GIRIRAJCHOUGALE12@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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

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

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: 2020057803 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

VILAS NAGAR SHIROLI PU

City KOLHAPUR**PIN Code:** 416122**Email ID:** adityachougule@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79683 Chemistry Paper X Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 5 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: 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:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** ASC@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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 3 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: 2020020801 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 9 7 5 3 6 0 9 9 7**Full Name:** DEVKULE PRATHMESH KRISHNAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

WADAKASHIVALE

City KOLHAPUR**PIN Code:** 416207**Email ID:** prathmeshd064@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

3/6 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 1 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020029264 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

WADAKSHIVALE

City KOLHAPUR**PIN Code:** 416207**Email ID:** pritamdevkule997@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

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2021040940 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 7 5 7 8 0 9 9 7**Full Name:** DHAVAN PRANAVRAJ KRUSHNAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** WANI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NIGAVE KHALASA

City KOLHAPUR**PIN Code:** 416207**Email ID:** SUNNYDHAVAN09@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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



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 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: 2021037896 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

FULEWADI

City KOLHAPUR**PIN Code:** 416010**Email ID:** OMKARDHOBALE185@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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 5 0 1**

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: 2021037957 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

2423 B WARD MANGALWAR PETH

City KOLHAPUR**PIN Code:** 416012**Email ID:** GAIKWADVICKY755@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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040730 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

CHIKHALI KASABA

City KOLHAPUR**PIN Code:** 416234**Email ID:** SOURABHGALATAGE1397@GMAIL.COM**Study Center:** N.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 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 4 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020029298 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 6 4 8 0 3 8 8**Full Name:** GARAD HRISHIKESH RAVINDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

OM GANESH COLONY

City KOLHAPUR**PIN Code:** 416012**Email ID:** rushikeshgarad2131@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

2/4 78928 ENVIRONMENTAL STUDIES Cr. 0

3/5 79682 Chemistry Paper IX Cr. 2

3/5 79683 Chemistry Paper X Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 9 5 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: 2020070985 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 2 2 4 9 4 2 8 5**Full Name:** GAVADE MAHESH ARUN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KMT COLONY

City KOLHAPUR**PIN Code:** 416005**Email ID:** maheshgavde15082002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020029294 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 7 5 0 0 6 2 5 6**Full Name:** GAVALI DHIRAJ MADHUKAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BIRDEV MANDIR MAGE

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII Cr. 2

Optional Subjects:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 5 1 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: 2020052033 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SHRMIK SOCIETY

City KOLHAPUR**PIN Code:** 416012**Email ID:** ajayghatage785@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Geology)**
Examination, March-2024



To,

Form No. : **4 2 7 7 0 7 1**

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: 2021040808 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 6 9 7 4 5 5 7**Full Name:** GHODAKE VIVEK VIJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** PARIT**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NERLI TAMGAON

City KOLHAPUR**PIN Code:** 416004**Email ID:** VVG@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

3/5 79671 English (Compulsory) Cr. 0

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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,		Form No. : 4 2 7 1 7 1 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: 2020027829		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 7 7 5 6 8 0 5 3 9 8	
Full Name: GHORPADE LAXMANRAO SANTAJI			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
JADHAV MALA			
City KOLHAPUR	PIN Code: 416119	Email ID: laxmanraorghorpade104@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0 (Uni.Fee. 0)	
SEM VI)			
Subject Details :			
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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
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 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 8 5 0 0 4 2 7 3**Full Name:** GONDE SHRAVAN SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GAVALI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DATTA COLONY

City KOLHAPUR**PIN Code:** 416234**Email ID:** shravangonde5018@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



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 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: 2020030576 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 8 6 0 8 7 8 7 2 4****Full Name:** **GONGANE SURAJ DATTATARY****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NIGAVE

City KOLHAPUR**PIN Code:** 416207**Email ID:** surajgongane066@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 4 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038627 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 2 5 8 0 4 9 0 9****Full Name:** **GURAV GOURAV KRISHNAT****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GURAV**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** GKG@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 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024

To,		Form No. : 4 2 7 3 9 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: 2021035736		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 8 7 6 7 0 4 5 2 2 6	
Full Name: GURAV SANDESH BABURAO			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: GURAV	Physical Disability NOT APPLICABLE
Correspondence Address:			
RAJARAMPURI 14 LANE KOLHAPUR.			
City KOLHAPUR	PIN Code: 416001	Email ID: sandeshgurav2003@gmail.com	
Study Center: N.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 Chemistry Paper X Cr. 2		3/6 81667 English (Compulsory) Cr. 0	
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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 0 8 8 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2018026004 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 5 9 0 3 8 9 2**Full Name:** HALSAVADE RUTIK DATTATRAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHOKAK

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 :**

3/5 79682 Chemistry Paper IX Cr. 2

3/6 81674 Chemistry 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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc CBCS Semester VI (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038606 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 5 0 4 7 1 1**Full Name:** HURAKNAVAR AKSHAY RUDRAPPA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KANERIWADI**PIN Code:****Email ID:** akshayhurakanavar@gmail.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 9 1 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: 2020066537 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

1009/3 PLOT NO 45 SHIVGANGA COLONY JAVAL APPANG GRAH NIRMAN SANSHTA SANE GURUJI VASAHAAT
KOLHAPUR

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 5 5 1**

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: 2021038667 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 9 2 2 1 6 0 0 4 8**Full Name:** JADHAV AVISHKAR MARUTI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHIKHALI, KAGAL

City KOLHAPUR**PIN Code:** 416235**Email ID:** AVISHKARJ764@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 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040343 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 5 7 9 6 1 3 6 4**Full Name:** JADHAV KARAN SHASHIKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** KARANJADHAV195@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

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 6 0 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: 2021038621 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 9 9 1 9 3 4 3 5**Full Name:** JADHAV SAHIL SURENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** surendrajadhav2172@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 79683 Chemistry 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 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:

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

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



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, 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: 2020020797 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MARKET YARD

City KOLHAPUR**PIN Code:** 416005**Email ID:** shubhamjadhav@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **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 Computer Science. Paper VII & VIII Cr. 8

3/6 81717 Computer Science Paper XIV 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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Physics)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 6 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 (Physics) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040350 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 6 2 9 1 2 4 2 5**Full Name:** JAMBHALE SURAJ DHANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** SURAJJAMBHALE26310@GMAIL.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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2020029259 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 5 2 8 8 3 6 8 5**Full Name:** JONDHALE HARSHAD VITTHAL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHEBAVADE

City KOLHAPUR**PIN Code:** 416221**Email ID:** harshadjondhale28@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,		Form No. : 4 2 7 6 5 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: 2021038016		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 7 3 8 7 2 4 9 0 8 3	
Full Name: KADOLI RAMESH ANANDA			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Other	Physical Disability NOT APPLICABLE
Correspondence Address:			
KANERI			
City KOLHAPUR	PIN Code: 416234	Email ID: RAMESHKADOLI321@GMAIL.COM	
Study Center: N.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 Chemistry Paper XI Cr. 2		3/6 81667 English (Compulsory) Cr. 0	
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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2020029285 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

HUPARI

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



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, 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: 2020041097 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 7 0 5 9 8 6 2 1****Full Name:** **KALKUTKI HRUTIK AMAR****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

M S C B OFFICE

City KOLHAPUR**PIN Code:** 416008**Email ID:** hrutikkalkutaki@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 79683 Chemistry Paper X Cr. 2

3/6 81674 Chemistry 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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 7 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: 2020020820 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 0 7 6 9 6 1 2**Full Name:** KALYANKAR ONKAR RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

POST DAWARE GALLI

City KOLHAPUR**PIN Code:** 416234**Email ID:** omkarkalyankar981@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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2020047748 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 9 8 5 6 1 9**Full Name:** KAMBALIMATH PRAVEEN VEERAYYA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANERI

City KOLHAPUR**PIN Code:** 416001**Email ID:** praveenkambalimath7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 0 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: 2020020917 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

BHIM NAGAR

City KOLHAPUR**PIN Code:** 416202**Email ID:** kambleaniket1711@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
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 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: 2021038057 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 5 8 0 0 7 2 7 3**Full Name:** KAMBLE ANUSH ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1ST BUS STOP FULEWADI

City KOLHAPUR**PIN Code:** 416010**Email ID:** ANUSHKAMBLE97@GMAIL.COM**Study Center:** N.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 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



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 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: 2020020853		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 7 7 5 7 8 5 1 0 2 9	
Full Name: KAMBLE ASHISH KRUSHNAT			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: MAHAR	Physical Disability NOT APPLICABLE
Correspondence Address:			
TAMGAON			
City KOLHAPUR	PIN Code: 416234	Email ID: ashishkamble@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0 (Uni.Fee. 0)	
SEM VI)			
Subject Details :			
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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 0 6 1**

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: 2021040691 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 8 3 9 1 7 8 9 6**Full Name:** KAMBLE AVINASH MAHADEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UJALAIWADI

City KOLHAPUR**PIN Code:** 416004**Email ID:** AVINASHKAMBLE8483917896@GMAIL.COM**Study Center:** N.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 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

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

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: 2021038625 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 3 8 9 8 0 7**Full Name:** KAMBLE PRAMOD ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** PAK@GMAIL.COM**Study Center:** N.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 Chemistry Paper X Cr. 2

3/5 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,		Form No. : 4 2 7 1 9 7 1	
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: 2020020803		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 7 2 1 8 2 2 9 2 4 1	
Full Name: KAMBLE RAKESH DATTATRAY			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: MAHAR	Physical Disability NOT APPLICABLE
Correspondence Address:			
HARIJAN WADA			
City KOLHAPUR	PIN Code: 416209	Email ID: Kamblerrakesh498@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0 (Uni.Fee. 0)	
SEM VI)			
Subject Details :			
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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 8 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020060536 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 3 0 8 0 9 0 1 1**Full Name:** KAMBLE VIVEK PINTU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAMBALE GALLI AT AVALI KH

City kolhapur**PIN Code:** 416211**Email ID:** vivekkamble@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 78928 ENVIRONMENTAL STUDIES Cr. 0

3/5 79682 Chemistry Paper IX 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 7 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: 2020029292 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 0 4 9 4 4 1 5 6**Full Name:** KANBARKAR NIKHIL NILESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIROLI PULACHI

City KOLHAPUR**PIN Code:** 416122**Email ID:** nikhilkanbarkar336@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

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 6 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021037743 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 5 1 1 8 0 4 2 3 0****Full Name:** **KANIRE PRITESH MAHAVIR****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** JAIN**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

INGALI

City KOLHAPUR**PIN Code:** 416202**Email ID:** PRITESHKANIRE1@GMAIL.COM**Study Center:** N.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 Chemistry Paper X Cr. 2

3/5 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 4 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021037907 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** SARTHAKKANIRE3@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 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 5 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: 2021038651 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 1 4 6 8 3 9 7 5 6****Full Name:** **KAPASE DIGVIJAY SHAHAJI****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** DIGVIJAYKAPASE74@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 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

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

Personal Information :**Mobile NO :** 8 5 3 0 9 8 1 7 4 1**Full Name:** KAPASE RAJVARDHAN ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** RAJKAPASE1741@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 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 5 6 1**

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: 2020049148 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 3 0 3 6 5 7 6 9**Full Name:** KARANDE ADITYA DASHARATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KADAMWADI

City KOLHAPUR**PIN Code:** 416003**Email ID:** adityakarnde@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 79685 Chemistry Paper XII Cr. 2

Optional Subjects:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Zoology)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 7 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 (Zoology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040941 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 1 2 0 6 8 6**Full Name:** KASUTE KIRAN SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** KARANKASUTE589@GMAIL.COM**Study Center:** N.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 Paper IX Cr. 2

3/5 79696 Zoology Paper XII Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81686 Zoology Paper XIII Cr. 2

3/6 81687 Zoology Paper XIV Cr. 2

3/6 81688 Zoology Paper XV Cr. 2

3/6 81689 Zoology Paper 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2020025935 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 0 3 0 0 0 8 8 2**Full Name:** KATKAR SATISH RAJARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SULKUD

City KOLHAPUR**PIN Code:** 416216**Email ID:** satishkatkar1045@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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040347 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 2 9 4 1 5 3**Full Name:** KESARKAR SOURABH SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** SOURABHKESARKAR@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 79683 Chemistry 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 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:

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

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



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, 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: 2018080800 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 4 7 2 7 1 7 1 8**Full Name:** KHADE SURAJ ARUN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI PETH

City KOLHAPUR**PIN Code:** 416012**Email ID:** rrworld.gamezone@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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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

Personal Information :**Mobile NO :** 7 6 2 0 3 8 9 7 2 2**Full Name:** KHOCHAGE NANDEEP SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HALSAWADE

City KOLHAPUR**PIN Code:** 416202**Email ID:** nandeepkhochage@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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 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: 2021038628 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 0 3 6 0 3 8 8 4**Full Name:** KHONDRE OMKAR PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** OMKARKHONDRE674@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 78909 Chemistry Paper VII & VIII Cr. 8

3/5 79682 Chemistry Paper IX Cr. 2

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020020911 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 0 4 9 8 0 5 3 2 7****Full Name:** **KHONDRE PRATHAMESH DATTATRAY****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

EKONDI

City KOLHAPUR**PIN Code:** 416232**Email ID:** prathameshkhondre5381@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020020963 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

EKONDI

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 5 0 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: 2021037974 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SULKUD

City KOLHAPUR**PIN Code:** 416216**Email ID:** MSK@GMAIL.COM**Study Center:** N.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 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 6 4 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038031 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 4 5 9 9 8 2 9 6 7**Full Name:** KHOT SANKET DHANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHOTWADI

City KOLHAPUR**PIN Code:** 416205**Email ID:** SDK@GMAIL.COM**Study Center:** N.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 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 9 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: 2020020882 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 4 4 4 0 0 7 4**Full Name:** KOLEKAR OMKAR KARTIK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HERLE

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

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 79684 Chemistry Paper XI Cr. 2

Optional Subjects:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 5 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: 2021040891 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 8 3 4 5 8 2 4 0 8****Full Name:** **KONDEKAR AKASH ANIL****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SULKUD

City KOLHAPUR**PIN Code:** 416216**Email ID:** AAK@GMAIL.COM**Study Center:** N.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 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 8 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020029310 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 0 0 0 0 0 0 0 0 0 0**Full Name:** KORAKE SOHAM SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANDHAPUR

City KOLHAPUR**PIN Code:** 413304**Email ID:** sohamkorake690@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

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2021040869 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** ASK@GMAIL.COM**Study Center:** N.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 Chemistry 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 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:

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

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



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, 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: 2021040801 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

PACHGAON

City KOLHAPUR**PIN Code:** 416013**Email ID:** RRK@GMAIL.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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 2 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: 2021040758 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 1 4 6 4 7 2 1 6 3****Full Name:** **KUMBHAR ROHIT DILIP****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHINCHWAD

City KOLHAPUR**PIN Code:** 416119**Email ID:** ROHITKUMBHAR3325@GMAIL.COM**Study Center:** N.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 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



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, 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: 2020020827 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 8 9 1 5 1 4 7 6**Full Name:** KURANE ABHISHEK SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GOKUL SHIRAGAON

City KOLHAPUR**PIN Code:** 416208**Email ID:** abhikurane1999@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

3/6 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2021038666 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

UNCHGAON

City KOLHAPUR**PIN Code:** 416005**Email ID:** LAVHATEGAURAV@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 8 6 3 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 (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040257 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 9 1 8 2 0 9 7**Full Name:** LOHAR ABHISHEK MARUTI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** LOHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** abhyalohar@gmail.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 8 2 2 1**

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: 2021035545 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 5 6 9 6 5 3 5 6****Full Name:** **LOHAR ATHARVA ANIL****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** LOHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** loharatharv07@gmail.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

3/5 79731 Computer Science Paper XII Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



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 1**

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: 2021041015 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

LAXTIRTH VASAHAAT

City KOLHAPUR**PIN Code:** 416012**Email ID:** ONKARLOHAR755@GMAIL.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2021040827 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 8 0 8 1 6 1 4 7**Full Name:** MAGADUM VAIBHAV DINKAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NAGAON

City KOLHAPUR**PIN Code:** 416207**Email ID:** VAIBHAVMAGADUM29@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020029330 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile 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:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MALWADI

City KOLHAPUR**PIN Code:** 416216**Email ID:** sumitmagdum1300@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 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 Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 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: 2021040867 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MALWADI

City KOLHAPUR**PIN Code:** 416216**Email ID:** AKASHMAGDUM002@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79683 Chemistry 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 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:

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

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



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 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: 2021035766 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

CHUYE

City KOLHAPUR**PIN Code:** 416207**Email ID:** SUSHILMA92003@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 4 3 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: 2020041236 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 0 6 5 8 7 3 9**Full Name:** MANDAVKAR ANIKET ANANDRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NIGAVE

City KOLHAPUR**PIN Code:** 416207**Email ID:** anikemandavkar8739@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM V)**Subject Details :**

3/5 79685 Chemistry Paper XII Cr. 2

Optional Subjects:

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

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



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 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: 2021037878 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 1 2 9 6 5 7 5 9**Full Name:** MANDAVKAR VINOD SITARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BELARIWADI

City RATNAGIRI**PIN Code:** 416808**Email ID:** VSM@GMAIL.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 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:

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

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



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 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 (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 9 3 8 2 3 2 5**Full Name:** MANE ABHIJEET 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:** ABHIJEETMANE0409@GMAIL.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 9 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: 2020027820 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 7 3 8 2 5 5**Full Name:** MANE VAIBHAV SUBHASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAIN ROAD SANGRAM CHOWK

City KOLHAPUR**PIN Code:** 416005**Email ID:** vaibhavmane@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

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 7 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: 2020020918 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 6 6 9 3 3 5 1 9**Full Name:** MASURKAR NAMDEV HARI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANISHA COLONY

City KOLHAPUR**PIN Code:** 416004**Email ID:** masurkaromkar2@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 6 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040942 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 7 2 1 3 1 2 6**Full Name:** MAYANNA PRAMOD TATYASO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HERLE

City KOLHAPUR**PIN Code:** 416005**Email ID:** PTM@GMAIL.COM**Study Center:** N.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 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 7 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020057809 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 0 3 1 5 3 2 5 1**Full Name:** MITHARI AVISHKAR EKNATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

C S NO 8752 PLOT NO A 2 CHVAN COLONY KALMBA ROAD SALOKHE NAGAR

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

(Uni.Fee. 0)

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

3/5 79683 Chemistry Paper X Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 5 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: 2020020862 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 7 4 0 1 3 0 0**Full Name:** MOHITE ANIKET TANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** BELDAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SANEGURUJI VASAHAAT

City KOLHAPUR**PIN Code:** 416012**Email ID:** aniketmohite131913@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,	Form No. :	4 2 7 2 5 8 4
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR		
Sir, I request the permission to present myself at the B.Sc CBCS Semester VI (Chemistry) exam to be held in March-2024 for the papers mentioned below.		
PRN: 2020049766	College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :	Mobile NO : 7 4 1 0 5 6 2 4 7 6	
Full Name: MOHITE KETAN GHANASHAM		
Write Name in Devanagari (Marathi):		
Gender: Male	Religion: HINDU	Cast: Maratha
Physical Disability NOT APPLICABLE		
Correspondence Address:		
ghunki		
City kolhapur	PIN Code: 416112	Email ID: acscollege70@gmail.com
Study Center: N.A.		
Fees Details:	Total Fee ₹: 0	(Uni.Fee. 0)
SEM VI)		
Subject Details :		
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 (Please sign strictly in the box shown below)
Principal's Signature & Seal (Please sign in the box shown below)		
Specimen Signature:		



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,		Form No. : 4 2 7 1 9 9 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.			
PRN: 2020025946		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 9 7 3 0 1 3 9 0 0 0	
Full Name: MORE SWARUP SARJERAO			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
HUPARI			
City KOLHAPUR	PIN Code: 416203	Email ID: swarupmore2003@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0	(Uni.Fee. 0)
SEM V)			
Subject Details :			
3/5 79683 Chemistry Paper X Cr. 2			
Optional Subjects:			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2020020929 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 4 4 9 9 4 0 9 3**Full Name:** MULLA SAKIB ADAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 2 8 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: 2021040824 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 5 5 0 2 4 0 5 4**Full Name:** NADAF MUNNA RAJU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANERIWADI

City KOLHAPUR**PIN Code:** 416234**Email ID:** NADAFMUNNA009@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 79683 Chemistry 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 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:

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

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



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, 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: 2021041017 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 0 0 0 0 0 0 0 0 0 0**Full Name:** NADAWADE PRASANNAJEET BHAGAVAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIROLI

City KOLHAPUR**PIN Code:** 416218**Email ID:** SWAPNILNADAWADE@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



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, 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: 2020040633	College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :	Mobile NO :	9 3 7 0 4 4 6 9 0 5
Full Name: NALWADE SHUBHAM SARJERAO		
Write Name in Devanagari (Marathi):		
Gender: Male	Religion: HINDU	Cast: Maratha
Physical Disability NOT APPLICABLE		
Correspondence Address:		
KHUTALWADI		
City KHUTALWADI	PIN Code: 416110	Email ID: acscollege70@gmail.com
Study Center: N.A.		
Fees Details:	Total Fee ₹: 0	(Uni.Fee. 0)
SEM VI)		
Subject Details :		
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 (Please sign strictly in the box shown below)
Principal's Signature & Seal (Please sign in the box shown below)		
Specimen Signature:		



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 0 3 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: 2019024684 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 3 9 9 3 4 0 9 3**Full Name:** NAWALE SOURABH TANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

E/G 52/237 DAULAT NAGAR KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** VJ@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81675 Chemistry Paper XIV 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Physics)**
Examination, March-2024



To,

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

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 (Physics) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040322 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 9 5 9 5 4 5 9 1**Full Name:** NIKAM UTKARSH DEVENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** UDN@GMAIL.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 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 5 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: 2020025933 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 4 5 8 6 9 8 5 0**Full Name:** PARIT AVADHUT BAJIRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** PARIT**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NIGAVE

City KOLHAPUR**PIN Code:** 416012**Email ID:** avadhutparit1@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 78928 ENVIRONMENTAL STUDIES Cr. 0

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020020783 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

ISPURLI

City KOLHAPUR**PIN Code:** 416207**Email ID:** prathamesh305060@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021035792 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 4 5 4 5 5 4**Full Name:** PARKHE RUTURAJ AVADHUT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VIDHYAPITH ROAD

City KOLHAPUR**PIN Code:** 416008**Email ID:** RAP@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 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040888 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 1 0 1 0 7 4 7 1**Full Name:** PARVATE GANESH RAVINDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SULKUD

City KOLHAPUR**PIN Code:** 416216**Email ID:** GANESHPARVATE2110@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 8 1**

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: 2020020795 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** sumitpasare2249@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 3 0 3 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: 2020083941 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

DADA PATIL PATIL LANE NEAR GANAPATI MANDIR GOKUL SHIRGAON MIDC GOKUL SHIRGAON

City KOLHAPUR**PIN Code:** 416234**Email ID:** ranjeetpaswan3514@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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 (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 :**Mobile NO :** 8 4 4 6 4 0 0 7 8 6**Full Name:** PATHAN AAKIBMATIN FIROZKHAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** PATHANISHRAT99@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 4 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: 2021040775 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

PADLAKAR COLONY

City KOLHAPUR**PIN Code:** 416012**Email ID:** MANAVPATHARUT430@GMAIL.COM**Study Center:** N.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 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 1 1**

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: 2020025934 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 4 3 8 7 3 5 6 0**Full Name:** PATIL ABHAY DHONDIRAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHEBVDE

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2021040531 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 9 5 6 1 7 1 2 1 9**Full Name:** PATIL ABHISHEK ANANDA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** ABHISHEKPATIL5500@GMAIL.COM**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

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

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Geology)**
Examination, March-2024



To,

Form No. : **4 2 7 7 6 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 (Geology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040856 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 8 2 3 1 2 2 3 5 3**Full Name:** PATIL ADITYA AMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JIVABANANA JADHAV PARK

City KOLHAPUR**PIN Code:** 416007**Email ID:** ADITYAAMARPATIL2003@GMAIL.COM**Study Center:** N.A.**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 Paper IX Cr. 2

3/5 79704 Geology Paper X Cr. 2

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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 9 8 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: 2020072105 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 8 6 0 6 4 2 7 6 0****Full Name:** **PATIL ADITYA SANJAY****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

Trimuriti Nagar kanariwadi Tal -karveer kolhapur

City KOLHAPUR**PIN Code:** 416220**Email ID:** patiladitya2511@gmail.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 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 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 4 1 5 5**

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

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

PRN: 2021017414 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 1 9 3 2 8 0 2 1**Full Name:** PATIL ADITYA SUBHASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P- NIGAVE KH

City NIGAVE KH**PIN Code:** 416207**Email ID:** patiladityas2003@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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



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 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: 2021040781 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 5 2 2 9 2 6 6 6**Full Name:** PATIL ADITYA VINAYAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIROLI(PU)

City KOLHAPUR**PIN Code:** 416122**Email ID:** AVP@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 78909 Chemistry Paper VII & VIII Cr. 8

3/5 79682 Chemistry 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 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:

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

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



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 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: 2021040875 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 6 0 9 3 7 1 7**Full Name:** PATIL AKASH SURYAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DAULAT NAGAR

City KOLHAPUR**PIN Code:** 416008**Email ID:** AKASHPATIL102002@GAMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,	Form No. : 4 2 7 1 6 7 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: 2020029326	College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR
Personal Information :	Mobile NO : 7 2 1 8 2 2 1 4 5 8
Full Name: PATIL ANUJ VILAS	
Write Name in Devanagari (Marathi):	
Gender: Male	Religion: HINDU
Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:	
SHELEWADI	
City KOLHAPUR	PIN Code: 416208
	Email ID: patilanuj54@gmail.com
Study Center: N.A.	
Fees Details:	Total Fee ₹: 0 (Uni.Fee. 0)
SEM VI)	
Subject Details :	
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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:	



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 0 3 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: 2020021379 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

save

City save**PIN Code:** 416213**Email ID:** PATILAVI7066@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 5 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: 2021037716 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GOKUL SHIRGAON

City KOLHAPUR**PIN Code:** 416234**Email ID:** AVIP02427@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,		Form No. : 4 2 7 1 8 7 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: 2020029306		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 9 6 0 4 9 4 0 2 8 4	
Full Name: PATIL BHUSHAN SHIVAJI			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
SHIVAJI CHOWK			
City KOLHAPUR	PIN Code: 416112	Email ID: bhushanpatil14@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0 (Uni.Fee. 0)	
SEM V)			
Subject Details :			
3/5 79684 Chemistry Paper XI Cr. 2			
Optional Subjects:			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 9 0 9 6 2 8 2 7 6 7	
Full Name: PATIL DIGVIJAY DILIP			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
AT POST SARAWADE			
City KOLHAPUR	PIN Code: 416212	Email ID: digupatil7805@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0	(Uni.Fee. 0)
SEM VI)			
Subject Details :			
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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



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 :		Mobile NO : 9 9 7 0 6 3 4 5 7 2	
Full Name: PATIL GURUPRASAD DASHRATH			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
AP- KOULAGE TAL- KAGAL DIST- KOLHAPUR			
City KAGAL	PIN Code: 416408	Email ID: guru457200@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0 (Uni.Fee. 0)	
SEM VI)			
Subject Details :			
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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Geology)**
Examination, March-2024



To,

Form No. : **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 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 6 4 5 6 3 7 2**Full Name:** PATIL GURURAJ DHONDIRAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RUMALE GALLI, PACHGAON

City Kolhapur**PIN Code:** 416002**Email ID:** gururajp43@gmail.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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

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 :**Mobile NO :** 9 6 6 5 4 6 9 1 0 9**Full Name:** PATIL HARSHVARDHAN MAHADAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** PHARSHVARDHAN106@GMAIL.COM**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

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

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



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 :**Mobile NO :** 8 2 0 8 0 0 0 1 5 6**Full Name:** PATIL MANTHAN VITHOBA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JANKI NAGAR

City KOLHAPUR**PIN Code:** 416005**Email ID:** patilmanthan1412@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 6 5**

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: 2020029316 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

ITI SAMOR

City KOLHAPUR**PIN Code:** 416007**Email ID:** patilranjit24@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79684 Chemistry Paper XI 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 4 7 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: 2021037910 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KANERI

City KOLHAPUR**PIN Code:** 416234**Email ID:** PATILOMKAR5509@GMAIL.COM**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

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

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 7 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: 2020029286 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 8 8 2 8 3 4 8**Full Name:** PATIL PRASAD ARUN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SOUNDALGA

City BELGAUM**PIN Code:** 591241**Email ID:** hrushikeshpatil43@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020027130 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 6 0 9 6 9 5**Full Name:** PATIL PRATHAMESH ARUN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

E WARD LAXMI COLONY

City KOLHAPUR**PIN Code:** 416005**Email ID:** patilprathamesh085@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



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, 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: 2020030575 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NIGAVE

City KOLHAPUR**PIN Code:** 416207**Email ID:** prathameshpatil2425@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79684 Chemistry Paper XI Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 6 1 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: 2020050699 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 0 9 7 2 8 3 9 2**Full Name:** PATIL PRATIK BHARAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MHALUNGE

City KOLHAPUR**PIN Code:** 416207**Email ID:** patil8913@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Geology)**
Examination, March-2024



To,

Form No. : **4 2 7 7 0 7 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 (Geology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038208 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 2 6 4 8 1 9**Full Name:** PATIL PRITHVIRAJ SATAYWAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KASBA BAWDA

City KOLHAPUR**PIN Code:** 416003**Email ID:** 4444RP2001@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 73306 Geology Paper V & VI Cr. 4

3/5 79703 Geology Paper IX Cr. 2

3/5 79704 Geology Paper X Cr. 2

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:

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

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



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, 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: 2020029275 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MADHALA MAL

City KOLHAPUR**PIN Code:** 416008**Email ID:** rp2323patil@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 79683 Chemistry Paper X Cr. 2

3/5 79684 Chemistry Paper XI Cr. 2

3/5 79685 Chemistry Paper XII Cr. 2

3/6 81674 Chemistry Paper XIII Cr. 2

3/6 81675 Chemistry Paper XIV Cr. 2

3/6 81677 Chemistry Paper XVI Cr. 2

Optional Subjects:

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

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



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: 2021041021 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 2 8 4 8 9 3 5 4 3**Full Name:** PATIL SAHIL SATARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MHAKAVE

City KOLHAPUR**PIN Code:** 416216**Email ID:** PATILSATARAM@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 0 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: 2020027137 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

ARJUN NAGAR

City KOLHAPUR**PIN Code:** 416216**Email ID:** sainathpatil3102002@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 79683 Chemistry Paper X Cr. 2

3/5 79685 Chemistry Paper XII Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 5**

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: 2021041020 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 1 2 0 9 3 9 3**Full Name:** PATIL SAIRAJ JALINDAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANGALWAR PETH

City KOLHAPUR**PIN Code:** 416012**Email ID:** PSAIRAJ127@GMAIL.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040866 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GORAMBE

City KOLHAPUR**PIN Code:** 416216**Email ID:** PATILSANKET6697@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 79684 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



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 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: 2020057808 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 2 3 7 3 0 8 6**Full Name:** PATIL SHAKTI JAYKUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** JAIN**Cast:** PANCHAL**Physical Disability** NOT APPLICABLE**Correspondence Address:**

S 6 NARAYAN VIHAR APARTMENT 555 3 1 RAJENDRANAGAR NEAR WATER TANK

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

(Uni.Fee. 0)

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

3/5 79683 Chemistry Paper X 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 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: 2021037849 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 2 1 2 6 8 4 4**Full Name:** PATIL SHIVAM SUBHASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NANA PATIL NAGAR

City KOLHAPUR**PIN Code:** 416010**Email ID:** SHIVAMPATIL3405@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

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 4 2 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: 2020041115 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 1 9 4 6 0 1 6 6**Full Name:** PATIL SHIVTEJ BAJIRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL NAGAR

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

(Uni.Fee. 0)

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

3/5 79683 Chemistry Paper X Cr. 2

3/6 81674 Chemistry 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 Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 7 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: 2020029289 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 6 5 0 4 8 5 6 8**Full Name:** PATIL SHON KRUSHNAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** shonpatil715@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 7 7 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: 2020057805 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

plot no 81 3 rd lane maner mala unchgaon

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

(Uni.Fee. 0)

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

3/5 79684 Chemistry Paper XI 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2021035776 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 6 6 9 3 9 6 8 1**Full Name:** PATIL SHRITEJ SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ARJUNWADA

City KOLHAPUR**PIN Code:** 416208**Email ID:** SHRITEJPATIL08@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 79684 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



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

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:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MHAKVE

City KOLHAPUR**PIN Code:** 416216**Email ID:** SOURABHA123@GMAIL.COM**Study Center:** N.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 Chemistry 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 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:

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

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



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, 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: 2020029309 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NIGAVE

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

(Uni.Fee. 0)

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

3/5 79684 Chemistry Paper XI Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2020029270 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MARGAI GALLI

City KOLHAPUR**PIN Code:** 416207**Email ID:** tp7150910@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79684 Chemistry Paper XI 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2021041029 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 5 2 0 8 8 0 2 4**Full Name:** PATIL TUSHAR UDAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KUMARI

City KOLHAPUR**PIN Code:** 416504**Email ID:** TUP@GMAIL.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 6 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040539 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 7 5 3 5 9 1 8 5**Full Name:** PATIL VIJAY RAMCHANDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** VP064922@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 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 2 6 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020030577 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 1 1 5 6 2 8 7 8**Full Name:** PATIL VIRAJ VINAYAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MALE

City KOLHAPUR**PIN Code:** 416114**Email ID:** virajpatil98292@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 2 8 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: 2021040850 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

235 E WARD YADAV NAGAR

City KOLHAPUR**PIN Code:** 416008**Email ID:** VP6678831@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 78909 Chemistry Paper VII & VIII Cr. 8

2/4 78910 Botany Paper VII & VIII Cr. 8

2/4 78911 Zoology Paper VII & VIII Cr. 8

3/5 79671 English (Compulsory) Cr. 0

3/5 79682 Chemistry Paper IX Cr. 2

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020020852 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** vishwajitpatil1407@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 Paper XII Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 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: 2021040916 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 3 0 1 4 7 6 5 7**Full Name:** PATIL VIVEK JAGDISH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NIGAVE KHALSA

City KOLHAPUR**PIN Code:** 416007**Email ID:** VIVEKPATIL7909@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 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 2 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020034744 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 0 7 5 9 8 0 1 6 4**Full Name:** PATIL VIVEK NAMDEO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

tarshinal taluka chandgad jilha kolhapur

City KOLHAPUR**PIN Code:** 416509**Email ID:** vivekpatil93226@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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2020041106 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 1 5 6 5 9 8 9 4 8****Full Name:** **PAWAR SHIVAM PUNDLIK****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEW BALAGI PARK

City KOLHAPUR**PIN Code:** 416007**Email ID:** shivampawar@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

3/6 81667 English (Compulsory) Cr. 0

3/6 81674 Chemistry Paper XIII Cr. 2

3/6 81675 Chemistry Paper XIV 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 7 5**

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: 2020029252 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 9 7 2 1 9 5 9 6 1**Full Name:** POTDAR RUTURAJ SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SONAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AZAD CHOWK

City KOLHAPUR**PIN Code:** 416216**Email ID:** ruturajpotdar1989@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 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 Signature:**



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, 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: 2021038175 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 0 7 7 3 8 3 7 6**Full Name:** POWAR DIPAK SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHENDUR

City KOLHAPUR**PIN Code:** 416232**Email ID:** POWARDIPAK37@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 79684 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 7 9 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: 2020029303 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 7 9 1 4 2 4 2 3**Full Name:** POWAR SANKET JAYSING**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISPURLI

City KOLHAPUR**PIN Code:** 416207**Email ID:** sanketpowar0516@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

3/6 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

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 :**Mobile NO :** 7 8 4 3 0 5 5 7 8 4**Full Name:** PRASAD VIVEK KALPNATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** VIVEKPRASAD019@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 4 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021035769 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 3 5 8 7 2 9 6**Full Name:** PUJARI SARTHAK SOMDEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIROLI

City KOLHAPUR**PIN Code:** 416122**Email ID:** PUJARISARTHAK7296@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 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 0 6 5**

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 :**Mobile NO :** 7 4 2 0 9 4 6 2 2 0**Full Name:** RANADIVE DEVANAND UDDHAV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TAWASHI

City PANDHARUR**PIN Code:** 410433**Email ID:** DEVARANDIVE760@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 6 5**

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 :**Mobile NO :** **9 3 7 0 3 5 3 5 6 6****Full Name:** **RANAGE SANDIP TANAJI****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** SANDIPRANAGE926@GMAIL.COM**Study Center:** N.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 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

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

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: 2021063563 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 5 0 4 4 0 5 7**Full Name:** RANDIVE PAVANRAJ DATTATRAYA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** pavanrajrandive91161@gmil.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 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 8 5 8 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: 2021038655 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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:** MUSLIM**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YALGUD

City KOLHAPUR**PIN Code:** 416236**Email ID:** MSS@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 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 7 9 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020020885 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GIRGAON

City KOLHAPUR**PIN Code:** 416013**Email ID:** salokheakshay2878@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79684 Chemistry Paper XI 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 5 6 5**

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

Personal Information :**Mobile NO :** 9 5 2 7 7 9 9 2 5 6**Full Name:** SANGAONKAR PRATHAMESH RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** TELI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HANUMAN MANDIR

City KOLHAPUR**PIN Code:** 416013**Email ID:** prathmeshsangavkar058@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79684 Chemistry Paper XI 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 6 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020025931 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GORAMBE

City KOLHAPUR**PIN Code:** 416216**Email ID:** somnathsankpal1243@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 79684 Chemistry Paper XI Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Zoology)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 6 1**

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 (Zoology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021037748 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 1 7 2 1 6 1 2 4**Full Name:** SAPKAL TUSHAR VINOD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GOKUL SHIRGAON

City KOLHAPUR**PIN Code:** 416234**Email ID:** SAPKALTUSHAR545@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79693 Zoology Paper IX Cr. 2

3/5 79695 Zoology Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81686 Zoology Paper XIII Cr. 2

3/6 81687 Zoology Paper XIV Cr. 2

3/6 81688 Zoology Paper XV Cr. 2

3/6 81689 Zoology Paper 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 8 0 6 1 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 (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021067782 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 8 3 8 5 2 3 2**Full Name:** SARADE SANDEEP SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** SOLAPUR**PIN Code:****Email ID:** saradesandeep555@gmail.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040943 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NAGAON

City KOLHAPUR**PIN Code:** 416207**Email ID:** SARNAIKSWARAJ@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

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Physics)**
Examination, March-2024



To,

Form No. : **4 2 7 2 5 6 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 (Physics) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020049146 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 6 0 9 4 9 1 2 6**Full Name:** SHAIKH ADNAN NISAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KASAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BEKAR GALLI

City KOLHAPUR**PIN Code:** 416012**Email ID:** adnanshaikh@gmail.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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,	Form No. : 4 2 7 1 8 7 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: 2020016855	College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR
Personal Information :	Mobile NO : 9 3 0 9 7 8 5 1 7 0
Full Name: SHAIKH NAEEM ROHAN	
Write Name in Devanagari (Marathi):	
Gender: Male	Religion: MUSLIM
Cast: MUSLIM	Physical Disability NOT APPLICABLE
Correspondence Address:	
POSTAL COLONY HARI PARK GALLI NO	
City kop	PIN Code: 416013
	Email ID: Naeem18shaikh@gmail.com
Study Center: N.A.	
Fees Details:	Total Fee ₹: 0 (Uni.Fee. 0)
SEM VI)	
Subject Details :	
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:
Specimen Signature:	Student's Signature (Please sign strictly in the box shown below)
	Principal's Signature & Seal (Please sign in the box shown below)



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 7 1 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: 2021038051 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 3 8 2 3 7 5 0**Full Name:** SHENDGE SHREYAS PANKAJ**Write Name in Devanagari (Marathi):** _____

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

Correspondence Address:

RS 2949 B WARD

City KOLHAPUR**PIN Code:** 416012**Email ID:** SHREYASSHENDGE7070@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

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 6 5**

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: 2021040938 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 3 0 7 4 4 9 6**Full Name:** SHETAKE OMKAR SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HUPARI

City KOLHAPUR**PIN Code:** 416203**Email ID:** OMSHETAKE09@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 78910 Botany Paper VII & VIII Cr. 8

2/4 78928 ENVIRONMENTAL STUDIES Cr. 0

3/5 79682 Chemistry Paper IX Cr. 2

3/5 79683 Chemistry Paper X Cr. 2

3/5 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 7 5**

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: 2020029274 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 3 5 2 2 4 7 9**Full Name:** SHETE SANSKAR SATISH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** WANI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DINDNERLI

City KOLHAPUR**PIN Code:** 416207**Email 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 79682 Chemistry Paper IX Cr. 2

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 5 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020027830 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 8 3 0 0 2 9 4**Full Name:** SHEVALE SWAPNIL MAHADEO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISPURLI

City KOLHAPUR**PIN Code:** 416207**Email ID:** swapnilshewale375@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/4 78928 ENVIRONMENTAL STUDIES Cr. 0

3/5 79682 Chemistry Paper IX Cr. 2

3/6 81675 Chemistry Paper XIV 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 6 3 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: 2020029322 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 0 3 1 9 1 6 8 5**Full Name:** SHINDE GOURAV BABAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HAYAVE EAST BAJU MAIN BUS STOP SAMOR

City KOLHAPUR**PIN Code:** 416284**Email ID:** rishikeshkamble4763@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry 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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Physics)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 4 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 (Physics) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021035757 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 6 0 8 2 8 9 4**Full Name:** SHINDE PRATHAMESH PRAVIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 88 N.T SARNAIK NAGAR PACHGAON

City KOLHAPUR**PIN Code:** 416007**Email ID:** PATYASHINDE1102@GMAIL.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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

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

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: 2021037789 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 9 2 7 1 2 2 8**Full Name:** SHINDE SUMIT BAPU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NANDGAON

City KOLHAPUR**PIN Code:** 416207**Email ID:** SUMITSHINDE5274@GMAIL.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 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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2021037785 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KANERIWADI

City KOLHAPUR**PIN Code:** 416234**Email ID:** VS0378799@GMAIL.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 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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 5 1**

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: 2021038643 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 0 8 9 7 3 6 8**Full Name:** SHIROLE MALLADE PRAMOD SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:****City****PIN Code:****Email ID:** PRAMODSHIROLE3611@GAMIL.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 79684 Chemistry 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 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:

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

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



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, 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: 2020050700 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 5 7 1 2 5 8 3 2**Full Name:** SOLAGE SANKET BHIMRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KOLHAPUR

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 6 4 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: 2021040877 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 4 0 5 3 3 3 3**Full Name:** SORAP HARSH MANOJ**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

259/12 CHILE COLONY

City KOLHAPUR**PIN Code:** 416012**Email ID:** HARSHSORAP45@GMAIL.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 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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2020027826 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 3 7 4 9 8 0 1 7**Full Name:** SUTAR ANKET SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SUTAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIROLI PULACHI

City KOLHAPUR**PIN Code:** 416122**Email ID:** anket22sutar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 0 6 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040803 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

UJALAIWADI

City KOLHAPUR**PIN Code:** 416205**Email ID:** SUTARGUNWANT8454@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 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 8 0 5 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: 2021067329 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 8 3 4 5 8 2 4 0 8****Full Name:** **SUTAR RUSHIKESH RAMESH****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** PANCHAL**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** riteshddpatil@gmail.com**Study Center:** N.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 Chemistry Paper X Cr. 2

3/5 79684 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 0 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: 2020020858 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 6 6 1 4 3 3 8 8**Full Name:** SUTAR RUTIK ANANDA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SUTAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HANUMAN COLONY

City KOLHAPUR**PIN Code:** 416005**Email ID:** rutiksutar159291@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Physics)**
Examination, March-2024



To,

Form No. : **4 2 7 1 7 0 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 (Physics) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020029284 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SHIROLI PULACHI

City KOLHAPUR**PIN Code:** 416122**Email ID:** sanket22sutar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81669 Physics Paper XIV Cr. 2

3/6 81670 Physics Paper XV Cr. 2

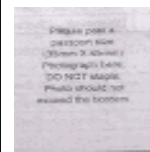
Optional Subjects:

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,		Form No. : 4 2 7 7 2 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.			
PRN: 2021040807		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 8 2 7 5 4 7 1 0 6 5	
Full Name: TALEKAR PRANAV BALASO			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
KENWADE			
City KOLHAPUR	PIN Code: 416216	Email ID: PBT@GMAIL.COM	
Study Center: N.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 Chemistry Paper XI Cr. 2		3/6 81667 English (Compulsory) Cr. 0	
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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 0 9 0 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2018033563 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 7 9 0 9 8 1 9 1**Full Name:** TAMBOLI UMED GOGA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UNCHGAON

City KOLHAPUR**PIN Code:** 416005**Email ID:** RT@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2020020838 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MAHADA COLONY

City KOLHAPUR**PIN Code:** 416008**Email ID:** atharvataware18@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII Cr. 2

3/6 81675 Chemistry Paper XIV Cr. 2

3/6 81676 Chemistry Paper XV Cr. 2

Optional Subjects:

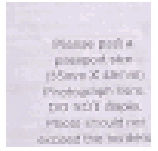
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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 Signature:**



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 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: 2021043133 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

RAJARAMPURI

City KOLHAPUR**PIN Code:** 416012**Email ID:** ASHUTOSHTIWARI5169@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79728 Computer Science Paper IX Cr. 2

3/5 79729 Computer Science Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 8 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: 2020029257 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

TIN BATTI CHOWK

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

(Uni.Fee. 0)

SEM VI)**Subject Details :**

3/6 81674 Chemistry Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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 (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021041024 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NANDRI

City KOLHAPUR**PIN Code:** 416230**Email ID:** VICHAREAJIT5500@GMAIL.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2020029251 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MAIN ROAD HADNAL

City BELGAUM**PIN Code:** 591241**Email ID:** rutvikyadav5539@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



SURAJ MAHADEV YADAV
20/12/2019

To,

Form No. : **4 2 7 1 8 9 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: 2020027132 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 3 0 6 1 2 6 9 6**Full Name:** YADAV SURAJ MAHADEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHOTWADI

City KOLHAPUR**PIN Code:** 416208**Email ID:** yadavsuraj9222@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 5 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020029266 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SHAHU COLONY

City KOLHAPUR**PIN Code:** 416216**Email ID:** vijayyadav45466@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 Paper XIII 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 4 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 (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038123 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 0 9 5 7 1 7 7 2**Full Name:** ! ABRANGE AMRUTA ARVIND**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

UNCHGAON

City KOLHAPUR**PIN Code:** 416005**Email ID:** AAA@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 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.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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



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 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: 2021038117 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 4 4 2 9 8 3 6**Full Name:** ! ATTAR SALINA RAHIMAN**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** Other **Physical Disability** NOT APPLICABLE

Correspondence Address:

45 B WARD SUBHASHNAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** SRA@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

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 3 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 (Computer Science) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038120 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 5 1 9 9 6 7 2 4**Full Name:** ! ATYALKAR SHRUTI SANJAY**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

UNCHGAON

City KOLHAPUR**PIN Code:** 416005**Email ID:** ATYALKARSHRUTI@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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, 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: 2021038282 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 9 7 0 7 0 1 7**Full Name:** ! CHAVAN PRIYANKA RAGHUNATH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** NHAVI **Physical Disability** NOT APPLICABLE

Correspondence Address:

JAWAHAR NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** PRIYANKACHAVAN8296@GMAIL.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 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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, 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: 2021037921 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 2 3 5 9 0 8 1**Full Name:** ! CHOUGALE PRANOTI HARI**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

AMAJI VHARAVADE

City KOLHAPUR**PIN Code:** 416211**Email ID:** PRNOTICHOUGALE1@GMAIL.COM**Study Center:** N.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 Paper IX Cr. 2

3/5 79694 Zoology Paper X Cr. 2

3/5 79695 Zoology Paper XI Cr. 2

3/5 79696 Zoology Paper XII Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81686 Zoology Paper XIII Cr. 2

3/6 81687 Zoology Paper XIV Cr. 2

3/6 81688 Zoology Paper XV Cr. 2

3/6 81689 Zoology Paper 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



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 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: 2020027278 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 6 5 7 3 8 6 3 1**Full Name:** ! DHANAVADE SUCHITRA BALASO**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** suchtradhanavade8631@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Geology)**
Examination, March-2024



To,

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

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: 2021043810 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 3 0 6 7 6 7**Full Name:** ! EACHE ANIKHA AIMAN**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:**City** KOLHAPUR**PIN Code:****Email ID:** eacheaiman@gmail.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 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:

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

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



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

Personal Information :**Mobile NO :** 9 3 2 2 9 5 2 2 5 5**Full Name:** ! GURAV SANIKA SATAPPA**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** GURAV**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YEWALE

City KOLHAPUR**PIN Code:** 416012**Email ID:** guravsanika14@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM VI)**Subject Details :**

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 Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 9 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: 2021029246 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 0 6 8 8 8 1 3**Full Name:** ! HIRVE SHRUTI SUBHASH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** WARANANAGAR**PIN Code:****Email ID:** hiraveshruti1334@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 79683 Chemistry Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 4 8 1**

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: 2021037937 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 0 3 5 8 2 6 1**Full Name:** ! JADHAV DHANSHRI SARJERAO**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

UNCHGAON

City KOLHAPUR**PIN Code:** 416005**Email ID:** DSJ@GMAIL.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 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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 2 4 3 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: 2020041237 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 2 0 0 5 3 8 6**Full Name:** ! KADAM SHRUTIKA SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KALAMBA ROAD

City KOLHAPUR**PIN Code:** 416007**Email ID:** shrutikadam0410@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Zoology)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 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 (Zoology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021037837 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 5 2 5 6 3 2 1 9**Full Name:** ! KAMBLE ANKITA CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAGAL

City KOLHAPUR**PIN Code:** 416216**Email ID:** ACK@GMAIL.COM**Study Center:** N.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 Paper IX Cr. 2

3/5 79696 Zoology Paper XII Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81686 Zoology Paper XIII Cr. 2

3/6 81687 Zoology Paper XIV Cr. 2

3/6 81688 Zoology Paper XV Cr. 2

3/6 81689 Zoology Paper 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 5 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 (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 :**Mobile NO :** 7 0 2 8 1 7 1 0 0 9**Full Name:** ! KAMBLE NIKITA ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UCHGAON

City KOLHAPUR**PIN Code:** 416005**Email ID:** NIKITAKAMBLE2902@GMAIL.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 Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Geology)**
Examination, March-2024



To,

Form No. : **4 2 7 7 2 8 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: 2021040819 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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 **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

DEVKAR PANAND

City KOLHAPUR**PIN Code:** 416012**Email ID:** RIYAKUDALKAR2003@GMAIL.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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 8 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: 2020025932 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 8 3 4 5 5 3 4 5 3****Full Name:** **! KURANE SHWETA ANANDA****Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GHORPADE VASAHAAT

City KOLHAPUR**PIN Code:** 416208**Email ID:** shwetask27199@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 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 Signature:**



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, 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: 2020049147		College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR	
Personal Information :		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: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
SAMARATH NAGAR			
City KOLHAPRU	PIN Code: 416234	Email ID: asmita2001lad@gmail.com	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0	(Uni.Fee. 0)
SEM VI)			
Subject Details :			
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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Zoology)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 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 (Zoology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021037859 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 1 5 1 6 3 5 6**Full Name:** ! LOHAR SANIKA SANTOSH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** LOHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHEBAVADE

City KOLHAPUR**PIN Code:** 416221**Email ID:** SANIKALOHAR@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79693 Zoology Paper IX Cr. 2

3/5 79694 Zoology Paper X Cr. 2

3/5 79695 Zoology Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81686 Zoology Paper XIII Cr. 2

3/6 81687 Zoology Paper XIV Cr. 2

3/6 81688 Zoology Paper XV Cr. 2

3/6 81689 Zoology Paper 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 5 5 1**

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: 2021040868 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 1 2 1 1 3 5**Full Name:** ! NALE KOMAL ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YEVATI

City KOLJHAPUR**PIN Code:** 416207**Email ID:** KOMALNALE1135@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 5 2 1**

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: 2021037995 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 6 7 6 4 0 5 2 1**Full Name:** ! PATIL DNYANESHWARI YUVARAJ**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:** DNYANUPATIL116@GMAIL.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 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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Zoology)**
Examination, March-2024



To,

Form No. : **4 2 7 6 4 7 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 (Zoology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021037926 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 9 2 9 6 1 6**Full Name:** ! PATIL MAYURI BALAWANT**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HASUR DV

City KOLHAPUR**PIN Code:** 416001**Email ID:** MAYURIPATIL27112003@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

3/5 79693 Zoology Paper IX Cr. 2

3/5 79694 Zoology Paper X Cr. 2

3/6 81667 English (Compulsory) Cr. 0

3/6 81686 Zoology Paper XIII Cr. 2

3/6 81687 Zoology Paper XIV Cr. 2

3/6 81688 Zoology Paper XV Cr. 2

3/6 81689 Zoology Paper 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 1 9 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2020020863 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 5 2 4 0 5 1 9**Full Name:** ! PATIL PRAJAKTA ASHOK**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** prajakta2002patil@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 79684 Chemistry Paper XI 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

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 Information :**Mobile NO :** 9 4 2 0 4 3 1 0 2 9**Full Name:** ! PATIL RUTUJA BALU**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TALYE

City KOLHAPUR**PIN Code:** 416206**Email ID:** RUTUJAPATIL3746@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 7 4 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: 2021040864 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 0 0 0 0 0 0 0 0 0 0**Full Name:** ! PATIL SANIKA DATTATRAY**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

WADAKSHIVALE

City KOLHAPUR**PIN Code:** 416216**Email ID:** SDP@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 79684 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 7 9 7 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 (Chemistry) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021040536 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 0 0 2 4 9 7 1**Full Name:** ! PATIL SHRAVANI RANGARAO**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

City **PIN Code:** **Email ID:** SHRAVANIPATIL2908@GMAIL.COM

Study Center: N.A.**Fees Details:**Total Fee ₹: **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 (Compulsory) Cr. 0

3/5 79682 Chemistry Paper IX Cr. 2 | 3/5 79683 Chemistry 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 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:

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

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



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, 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: 2021043125 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 9 7 8 8 5 6 9 9**Full Name:** ! POGATENATTI REVATI RAMESH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Lingayat **Physical Disability** NOT APPLICABLE

Correspondence Address:

TAMGAON

City KOLHAPUR**PIN Code:** 416234**Email ID:** PREVATI486@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Geology)**
Examination, March-2024



To,

Form No. : **4 2 7 7 2 8 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 (Geology) exam to be held in March-2024 for the papers mentioned below.

PRN: 2021038231 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 7 9 1 4 2 4 2 3**Full Name:** ! POWAR SAMILSHA JAYSING**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

ISPURLI

City KOLHAPUR**PIN Code:** 416207**Email ID:** SANKETPOWAR0516@GMAIL.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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Geology)**
Examination, March-2024



To,

Form No. : **4 2 7 0 9 1 1**

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: 2018038249 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

R.K.NAGAR

City Kolhapur**PIN Code:** 416013**Email ID:** 123@GMAIL.COM**Study Center:** N.A.**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 Paper IX Cr. 2

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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 8 8 4 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: 2021037780 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 6 5 0 2 2 3 7**Full Name:** ! SHINDE PRANAJALI GAJANAN**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** MAHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:**City** KOLHAPUR**PIN Code:****Email ID:** prananjalishinde4@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM III), SEM V), SEM VI)****Subject Details :**

2/3 73306 Geology Paper V & VI Cr. 4

3/5 79682 Chemistry Paper IX Cr. 2

3/5 79683 Chemistry 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 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:

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

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



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.Sc CBCS Semester VI (Chemistry)**
Examination, March-2024



To,

Form No. : **4 2 7 6 4 6 5**

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: 2021037899 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 9 5 9 2 1 3 5 3**Full Name:** ! SULGAVE DHARATI RAJARAM**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** MAHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

KOGNOLI

City CHIKKODI**PIN Code:** 591241**Email ID:** DRS@GMAIL.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 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 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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 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: 2021037946 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 3 0 1 9 1 5 1 5**Full Name:** ! TATE VAISHNAVI AMAR**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

ISPURLI

City KOLHAPUR**PIN Code:** 416207**Email ID:** VAT@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM V), SEM VI)****Subject Details :**

3/5 79704 Geology Paper X Cr. 2

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:

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

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



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, 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: 2021037735 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 0 9 4 5 6 5 3**Full Name:** ! TELVEKAR KAVITA LAXMAN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PIMPALGAON KHURD MALBHAG

City KOLHAPUR**PIN Code:** 416216**Email ID:** KAVITATELVEKAR13@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 79684 Chemistry Paper XI Cr. 2

3/6 81667 English (Compulsory) Cr. 0

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



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc CBCS Semester VI (Computer Science)**
Examination, March-2024



To,

Form No. : **4 2 7 6 3 5 5**

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 :**Mobile NO :** 8 1 8 0 8 7 7 1 9 8**Full Name:** ! VADD SHWETA YASHVANT**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1382 E WARD

City KOLHAPUR**PIN Code:** 416008**Email ID:** VADDSHWETA@GMAIL.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 81716 Computer Science Paper XIII Cr. 2

3/6 81717 Computer Science Paper XIV Cr. 2

3/6 81718 Computer 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 (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			