



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032761 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 9 3 7 0 8 6 3 1 4 3

Full Name: ADIGARE ANIKET SHIVAJI

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

AT BELE POST KURUKALI DIST KOLHAPUR

City A/P BELE

PIN Code: 416001

Email ID: ANIKETADIGARE2444@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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



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Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032765 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 3 3 0 5 6 1**Full Name:** ADSULE SHUBHAM VILAS**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DIST LATUR, AUSA, CITY ASHIV

City ASHIV**PIN Code:** 413520**Email ID:** ADSULESHUBHAM078@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022069912 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 6 0 1 8 5 1 4 3**Full Name:** ATTAR RUHAN SAMEER**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** SHIROLI PULACHI**PIN Code:****Email ID:** RUHANATTAR421@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033212 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KASABA SANGAON

City KOLHAPUR**PIN Code:** 416216**Email ID:** AWALESANDESH3@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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Form No. : **4 4 2 9 4 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022049736 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 6 6 5 5 9 9 2 0**Full Name: **BAGWAN SOHAIL BALECHAND**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: MUSLIM

Cast: MUSLIM

Physical Disability NOT APPLICABLE

Correspondence Address:

City KOLHAPUR

PIN Code:

Email ID: SOHAILBAGWAN2000@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II), SEM III), SEM IV)

Subject Details :

1/2 90229 Geology Paper III & IV Cr. 8

2/3 91569 Zoology Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
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To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033226 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **7 7 9 5 8 1 5 9 2 3**Full Name: **BELGAONKAR KARAN ASHOK**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

KAPIL KRUPA BUILDING, OMKAR NAGAR

City BELGAUM

PIN Code: 550011

Email ID: KARANBELGAONKAR2003@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033239 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KAPIL KRUPA NAGAR, ANGOL ROAD

City BELGAUM**PIN Code:** 590011**Email ID:** YUVRAJBELGAONKAR2003@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032771 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NERLI, KARVEER, KOLHAPUR

City NERLI**PIN Code:** 416234**Email ID:** AJINKYABHOITE5083@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033247 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

HALASAVADE

City KOLHAPUR**PIN Code:** 416202**Email ID:** ADITYABHOSALE2005@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032488 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

HOUSE NO 5 , KAGAL, KOLHAPUR

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

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033713 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

AMBABAI GALLI METAGE KAGAL, KOLHAPUR

City METAGE**PIN Code:** 416235**Email ID:** SAMARTHANCHAVAN2552004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
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Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
Examination, March-2024



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Form No. : 4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032489 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 9 9 6 0 5 3 5 4 4 7

Full Name: CHORADE SUNIL PRAKASH

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

AT DATTA COLONY, KANERI, KOLHAPUR

City kolhapur

PIN Code: 416234

Email ID: SUNILCHORADE5457@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032490 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MAIN ROAD, A/P BAMANI, KAGAL, KOLHAPUR

City kolhapur**PIN Code:** 416232**Email ID:** CHOUGULENIVAS1881@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90225 Chemistry Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033262 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 0 7 6 9 8 0 9**Full Name:** CHOUGULE OMKAR ANNASO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NERLI, KARVEER

City KOLHAPUR**PIN Code:** 416234**Email ID:** OMKARCHOUGULE2003@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033269 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NAVI SADAK

City KOLHAPUR**PIN Code:** 416216**Email ID:** OMKARCHOUGULE956@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033716 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 8 0 5 6 0 7**Full Name:** DATE ATHARV AVIRAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GAVANDI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

793 B WARD RAVIVAR PETH KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** ATHARDATE5114@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033842 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KANERI, KARVEER

City KOLHAPUR**PIN Code:** 416234**Email ID:** VIRAJDHANA VADE204@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 91569 Zoology Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033845 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

2800 B WARD, MANGALWAR PETH

City KOLHAPUR**PIN Code:** 416012**Email ID:** DHOBALESWAPNIL2005@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032807 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SULGAON, AJARA, KOLHAPUR

City AJARA**PIN Code:** 416505**Email ID:** SAHILDONGARE20@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033720 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 1 0 8 0 5 2 0 5**Full Name:** GAIKWAD MANGESH MANOJ**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SUVE NAGAR KALAMBA ROAD, KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** MANGESG803@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032814 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

1025/33 B WARD, SHIVAJI UDYAMNAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** REVANGAIKWAD824@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032818 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SALOKHE PARK, R K NAGAR, KLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** GANDHIOMKARGHANSHYAM@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032821 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 1 7 7 3 3 5 5**Full Name:** GAVALI HARSHAVARDHAN KRUSHNAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NANDGAON, SHAHUWADI, KOLHAPUR

City SHAHUWADI**PIN Code:** 416003**Email ID:** GAVALIHARSHAVARDHANKRUSHNAT@GMAIL.**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II), SEM III), SEM IV)**Subject Details :**

1/2 90224 Physics Paper III & IV Cr. 8

2/3 91575 Computer Science Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033724 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KARNUR KAGAL KOLHAPUR

City KARNUR**PIN Code:** 416216**Email ID:** PRATHAMESHGHATAGE79@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 0 9**

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032827 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 8 7 2 4 4 1 0 8**Full Name:** GOUNDER SHONANDH SADASHIVAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UJALAIWADI, KOLHAPUR

City UJALAIWAD**PIN Code:** 416004**Email ID:** GOUNDERSHONANDHSADASHIVAM@GMAIL.C**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032831 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MHADA COLONY KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** SHIVA18032001@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033730 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 0 3 0 6 3 0**Full Name:** GURAV HARSHAL VIJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GURAV**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VIKRAMNAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** GURAVHARSHALVIJAY@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032836 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GAMUDSHINGI, KOLHAPUR

City GAMUDSHINGI**PIN Code:** 416119**Email ID:** PMSADGURAV1010@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032839 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 3 1 7 7 5 3**Full Name:** INAMDAR SAKIB NIJAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** INAMDARSAKIBNIJAM@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033854 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MALWADI KALAME TERFE THANE

City KOLHAPUR**PIN Code:** 416007**Email ID:** SJ070723@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032735 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

HUPIRE NAGAR, PATANKODOLI

City KOLHAPUR**PIN Code:** 416202**Email ID:** JADHAVSHRINIVAS2003@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032853 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

R K NAGAR, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033083 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

BUDHIHALKAR NAGAR, KALAMBA, KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** yjyashjadhav273@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033739 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MU SHINDE WADI MAJGAON, KOLHAPUR

City MAJGAON**PIN Code:** 416205**Email ID:** MAYURKJAGTAP18@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

1/2 90219 English Paper II Cr. 4

1/2 90228 Statistics Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 3 0 3 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022064802 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 6 5 9 6 9 7 0 3**Full Name:** JAMADAR MANGESH SUDHAKAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KOLI**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** MANGESHJAMADAR9090@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90227 Zoology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032507 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 6 6 5 7 5 7 9 6 0**Full Name: **KADAM HARSHAD MARUTI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Other

Physical Disability NOT APPLICABLE

Correspondence Address:

502, GURAV GALLI, THIKPURLI, KOLHAPUR

City kolhapur

PIN Code: 416208

Email ID: HARSHADKADAM2803@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033861 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

PATIL COLONY, UCHGAON

City KOLHAPUR**PIN Code:** 416005**Email ID:** PRATIKKAMBLE8972@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032858 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 5 4 5 5 6 4 9 9 0****Full Name:** **KAMBLE RAHUL MAHESHKUMAR****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAGAL, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033742 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 4 6 9 2 6 6 0 1**Full Name:** KAMBLE SANGHARSH SARDAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PASARDE KOLHAPUR

City PASARDE KOLHAPUR**PIN Code:** 416204**Email ID:** KAMBLESANGHARSHSARDAR@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033864 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

AMBEDKAR CHOWK, GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** SHREYASHKAMBLE9899@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033869 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

HERLE HATKANANGALE

City KOLHAPUR**PIN Code:** 416005**Email ID:** PRANAVKARANDE317@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033085 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

AT POST PATITE KOLHAPUR

City KOLHAPUR**PIN Code:** 416211**Email ID:** KARANDEVISHWAJITSURESH@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022076011 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 0 8 7 8 5 9 8 9 9**Full Name: **KASHID ANSHU BHARAT**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

City KOLHAPUR

PIN Code:

Email ID: ANSHUKASHID0555@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032740 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 6 1 4 0 9 8 9**Full Name:** **KHADE OMKAR VIJAY****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BHANNUR, KAGAL

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

(Uni.Fee. 0)

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

1/2 90222 Mathematics Paper III & IV Cr. 8

1/2 90224 Physics Paper III & IV Cr. 8

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033870 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 3 2 7 6 2 9 3**Full Name:** KHAMKAR RUSHIKESH KRISHNAT**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:** RUSHIKHAMKAR077@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 91567 Chemistry Paper V & VI Cr. 4

2/3 91568 Botany Paper V & VI Cr. 4

2/3 91569 Zoology Paper V & VI Cr. 4

2/3 92825 Skill Enhancement Course - III Cr. 2

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032508 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 9 3 2 2 4 4 8 2 3 5

Full Name: KHARADE ROHAN RAJARAM

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

SAKE, KAGAL, KOLHAPUR

City kolhapur

PIN Code: 416221

Email ID: ROHANKHARADE8235@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033871 College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 8 8 8 8 9 4 7 4 2 5

Full Name: KHATIB JAFAR DASTAGIR

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: MUSLIM

Cast: KASAI

Physical Disability NOT APPLICABLE

Correspondence Address:

YADGAR CHOWK, HERLE

City KOLHAPUR

PIN Code: 416005

Email ID: JAFARKHATIB7425@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II), SEM IV)

Subject Details :

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032866 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

PORLE TARF THANE, PANHALA, KOHAPUR

City PANHALA**PIN Code:** 416229**Email ID:** SHIVRAJKHUDE7777@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032869 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 7 4 9 9 3 5 9 9 8 3

Full Name: **KOGEKAR SUJAL TANAJI**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Other

Physical Disability NOT APPLICABLE

Correspondence Address:

KASABA BAWAD, KOLHAPUR

City KOLHAPUR

PIN Code: 416006

Email ID: KOGEKARSUJAL07@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033088 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 9 0 5 1 9 0 5 2**Full Name:** KORAVI PRASAD ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Korvi**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KORAVI GALLI, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033872 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SODAGE LANE, SHIROLI (PU)

City KOLHAPUR**PIN Code:** 416122**Email ID:** KSHITIJK1420@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033873 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

RADHANAGRI, WALVA

City KOLHAPUR**PIN Code:** 416221**Email ID:** LMKARUN0404@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033745 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 8 8 1 9 9 1 5 4**Full Name:** KURAGOTAGI MUKINDA DHAREPPA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NAGAON LAMBE GALLI

City JATH**PIN Code:** 416122**Email ID:** KURAGOTAGIMUKINDADHAREPPA@GMAIL.CC**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032872 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

VADANAGE, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032874 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

UNCHGAON, KOLHAPUR

City UNCHGAON**PIN Code:** 416005**Email ID:** LATGANESH171@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033877 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

A/P KANERI

City KOLHAPUR**PIN Code:** 416234**Email ID:** RUTIKLOHAR55@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033878 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 1 0 6 2 3 2 1 5**Full Name:** MADHALE PRATHMESH MANIK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DATTA COLONY, KANERI

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033880 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 6 9 5 3 2 8 2**Full Name:** MAGADUM BHUSHAN BHIMARAO**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:** SAHILMAGADUM@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033882 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

CHUYE, MAHARATRA

City KOLHAPUR**PIN Code:** 416207**Email ID:** VRUSHABHMAG@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032878 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SUBHASH CHOWK, KAGAL, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033892 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 0 1 9 9 8 8 4 5 9**Full Name: **MANAGAVE SUMIT YUVRAJ**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: KOLI

Physical Disability NOT APPLICABLE

Correspondence Address:

KARADGA, CHIKODI, BELGAUM

City KARADGA

PIN Code: 591263

Email ID: SUMITMANAGAVE7099@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM III), SEM IV)

Subject Details :

2/3 92825 Skill Enhancement Course - III Cr. 2

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033887 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

A/P NERLI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** DIGAMBARMANDAREKAR2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033888 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MORE GALLI, GADMUDSHINGI

City KOLHAPUR**PIN Code:** 416119**Email ID:** ABHIMANE923@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033891 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 8 7 7 7 4 9 9 5**Full Name:** MANE RUSHIKESH PRASHANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** Other**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DAULATNAGAR, RAJARAMPURI 14TH LANE,

City KOLHAPUR**PIN Code:** 416008**Email ID:** RUSHIKESHMANE0745@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II), SEM III), SEM IV)**Subject Details :**

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

2/3 92825 Skill Enhancement Course - III Cr. 2

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032528 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 9 7 0 1 9 6 3 1 3**Full Name: **MANE SOURABH NANASO**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: DHANGAR

Physical Disability NOT APPLICABLE

Correspondence Address:

A/P MALWADI, JOTIBA ROAD, KERLI, KOLHAPUR

City kolhapur

PIN Code: 416229

Email ID: MANESAURABH891@GMAI.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032883 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KASARD, SHAHUWADI, KOLHAPUR

City SHAHUWADI**PIN Code:** 415101**Email ID:** MHETTARSURAJ SARJERAO@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032566 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **8 8 3 0 8 8 4 4 2 4**Full Name: **MUDHALE AVADHUT ASHOK**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: JAIN

Cast: PANCHAL

Physical Disability NOT APPLICABLE

Correspondence Address:

VANDUR, KAGAL, KOLHAPUR

City kolhapur

PIN Code: 416216

Email ID: AVADHUT72@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033898 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 2 7 1 6 4 1 4 8 0****Full Name:** **MULLA ASIM ANJUM****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1327K, YADAV NAGAR, KURNE LINE

City KOLHAPUR**PIN Code:** 416005**Email ID:** ASIMMULLA2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033100 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 5 5 8 4 3 0 2 3**Full Name:** MUSURKAR VIVEK KRISHNA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SARNOBATHWADI, MANISHA COLONY, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033169 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MADHAV NAGAR, KANERIWADI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** NITINNANDAWADEKAR3@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033765 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

14th LANE, RAJARAMPURI, DAULATNAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** nikam2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 3 0 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022078356 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 1 2 1 1 9 1 1 3**Full Name:** NIMBALKAR SARTHAK AMEET**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** sarth0202@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

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

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032748 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 9 6 9 9 3 3 8 5 1 8

Full Name: PANDAT AKASH SUJEET

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: BHANGI

Physical Disability NOT APPLICABLE

Correspondence Address:

1229 ANGEL TOWER LAXMIPURI

City KOLHAPUR

PIN Code: 416002

Email ID: AKASHPANDAT2003@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033486 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

VADAKSHIVALE MALWADI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416207**Email ID:** siddharthparale3600@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II), SEM III), SEM IV)**Subject Details :**

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/3 91569 Zoology Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033766 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

VADAKSHIVALE, MARATHI SHALA, KOLHAPUR

City KOLHAPUR**PIN Code:** 416207**Email ID:** tusharparale7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033748 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 9 8 7 3 0 4 7 9**Full Name:** PATHAN JUBER ZAKIR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RK NAGAR, MOREWADI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** JUBER0489@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033111 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

AT POST PARITE, KOLHAPUR

City KOLHAPUR**PIN Code:** 416211**Email ID:** PATILABHISHEKJAYSING@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033316 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

AT POST PARITE

City KOLHAPUR**PIN Code:** 416211**Email ID:** PATILBHARATVASANT@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033751 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KANERI KARVEER KOLHAPUR

City KANERI**PIN Code:** 416234**Email ID:** DIGVIJAYPATIL875@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032895 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GORAMBE, KAGAL, KOLHAPUR

City KAGAL**PIN Code:** 416216**Email ID:** KUBERPATIL2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032898 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NADHAVADI DIST KOLHAPUR

City NADHAVADI**PIN Code:** 416209**Email ID:** MP6920743@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032889 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GIRGAON, KARVEER, KOLHAPUR

City KARVEER**PIN Code:** 416013**Email ID:** NILESHPATIL@6851GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033985 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

A/P MAHAKAVE

City KOLHAPUR**PIN Code:** 416216**Email ID:** nishantpatil9393@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033989 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KHUPIRE KOLHAPUR

City KOLHAPUR**PIN Code:** 416205**Email ID:** APATIL1560@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032902 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 6 6 7 9 9 7 2**Full Name:** PATIL PANKAJ RANGARAD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MOJE SANGAON

City MOJE SANGAON**PIN Code:** 416216**Email ID:** PANKAJRPATIL9977@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033785 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

14th LANE RAJARAMPURI, DAULATHNAGAR, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033789 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 2 8 4 0 5 9 1 2 6**Full Name:** PATIL PARTH SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHUYE, PATIL GALLI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416207**Email ID:** parthpatil77@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033794 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

A/P MAHAKAVE, KAGAL, KOLHAPUR

City KOLHAPUR**PIN Code:** 416216**Email ID:** patilprasad2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033802 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

VADAKSHIVALE, PARALE GALLI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416207**Email ID:** patilprathmesh9075@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033804 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 2 7 4 1 7 0 7**Full Name:** PATIL PRITAM BABASO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** JAIN**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMARDEEP TARUN MANDAL, HALONDI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416122**Email ID:** prityapatil7777@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033990 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NIGAVE KHALSA KOLHAPUR

City KOLHAPUR**PIN Code:** 416207**Email ID:** PATILRAJVARDHANDATTATRAY@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033812 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

NAVI SADAK, MAHAKAVE, KOLHAPUR

City KOLHAPUR**PIN Code:** 416216**Email ID:** ranjitpatil0520@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032602 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

KARAPE LANE, SHIROLI (PU), HATKANANGLE, KOLHAPUR

City kolhapur**PIN Code:** 416122**Email ID:** ROHANPATIL22252@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022041572 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MANGESHWAR COLONY, UCHAGAN OPP. DOSH GROUP, KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** rugvedp76@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022058960 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 9 8 1 1 2 1 0 2**Full Name:** PATIL RUSHIKESH ARJUN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** omcsckop@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033758 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

AMBABAI GALLI, KAGAL, KOLHAPUR

City KAGAL**PIN Code:** 416235**Email ID:** SAHILPATIL7719@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032912 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 2 1 8 5 3 0 9 9**Full Name:** PATIL SAURABH DAGADU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

hadnal CHIKODE

City HADNAL**PIN Code:** 591241**Email ID:** patilbhaiya1717@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033682 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

UCHGAON, kolhapur

City kolhapur**PIN Code:** 416005**Email ID:** shreyashpatil4084@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032635 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

A/P CHUYE, KOLHAPUR

City kolhapur**PIN Code:** 416207**Email ID:** SHRIDHARPATIL5577@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

2/3 91566 Physics Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033967 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MAHAKAVE, KAGAL

City KOLHAPUR**PIN Code:** 416216**Email ID:** SHUBHYAPATIL98@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II), SEM III), SEM IV)**Subject Details :**

1/2 90222 Mathematics Paper III & IV Cr. 8

1/2 90225 Chemistry Paper III & IV Cr. 8

2/3 91565 Maths Paper V & VI Cr. 4

2/3 91566 Physics Paper V & VI Cr. 4

2/3 91567 Chemistry Paper V & VI Cr. 4

2/3 92825 Skill Enhancement Course - III Cr. 2

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032915 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

HAVALDAR GALLI MHAKAVE

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033818 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SHELEWADI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416208**Email ID:** patilsuraj2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032923 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 3 7 8 3 5 6 1 2**Full Name:** PATIL SUSHANT RATENATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TALGAON SANGAVADE WADI

City TALGAON**PIN Code:** 416202**Email ID:** PATILSR2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033691 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

BHUYE KARVIR KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032926 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

BELAVADE

City BELAVDE**PIN Code:** 416221**Email ID:** TP6632859@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032934 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

696 B WARD OM GAHESH SAMBHAJI NAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** PHADATAREDHANANJAY7@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90224 Physics Paper III & IV Cr. 8

1/2 90233 Computer Science Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033917 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 1 0 1 4 1 0**Full Name:** POWAR OMKAR JAGDISH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** Other**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HAVALDAR GALLI, A/P MHAKAVE, KOLHAPUR

City KOLHAPUR**PIN Code:** 416216**Email ID:** powarom2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033932 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GOKUL SHIRGAON, KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** sunilkumbhhar2005@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 9 0**

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033941 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

A/P NERLI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** rohitpujari913@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033969 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

HALASAVADE KOLHAPUR

City KOLHAPUR**PIN Code:** 416202**Email ID:** rajputadarsh2921@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 9 7 8 6**

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022054962 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 2 8 5 2 0 4 9**Full Name:** RAJPUT NIRANJAN LAXMAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAUR**PIN Code:****Email ID:** niranjanrajput56@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033602 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GADMUDHINGE KOLHAPUR

City GADMUDHINGE**PIN Code:** 416119**Email ID:** IRANGEAKASH@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032941 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 2 8 4 4 0 4 5 9 7**Full Name: **REVANKAR SAHIL SANTOSH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

MANGALWAR PETH KAHRI CORNER

City Kolhapur

PIN Code: 416012

Email ID: REVANKARSS2005@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 4 9**

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033899 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

6308/45 indrajit colony, MANER MALA, KOLHAPUR

City kolhapur**PIN Code:** 416005**Email ID:** atulsahani3005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033609 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GADMUDSHINGE

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033622 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MOREWADI ROAD RAJENDRA NAGAR KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** SANKET834@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033641 College: Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 9 8 6 0 0 1 0 7 9 3

Full Name: SANGAOKAR KAPIL ANIL

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: VADAR

Physical Disability NOT APPLICABLE

Correspondence Address:

1414 E WAR SAHUNAGAR RAJARAMPURI

City Kolhapur

PIN Code: 416008

Email ID: ANJANA234@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II), SEM IV)

Subject Details :

1/2 90227 Zoology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032944 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

TIRPAN PANHALA

City TIRPAN PANHALA**PIN Code:** 416230**Email ID:** SIDDHESH SARNOBAT4000@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032947 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 0 8 8 1 3 6 1 5**Full Name:** SASANE ANIKET SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2375 D WARD JUNA BUDHAWAR PETH

City KOLHAPUR**PIN Code:** 416002**Email ID:** ANIKET55473@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 3 0 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022064828 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 0 7 9 4 1 7 0 9**Full Name:** SASANE TUSHAR SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** TUSHARSASANE43@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033647 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

gajabarwad chikodi belgaum

City gajabarwad**PIN Code:** 591215**Email ID:** SASMILEVISHWAJEET12@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033648 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

GAJABARWADI KUNNUR CHIKKODI

City GAJABARWADI**PIN Code:** 591215**Email ID:** VIVEKSASAMILSSS@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032950 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SWAYAMBHU FOOTWARE GOKULSHIRGAON

City GOKULSHIRGAON**PIN Code:** 416234**Email ID:** RAHULSATPUTE621@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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

Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032959 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 6 4 5 7 5 9 1**Full Name:** SHAIKH JUHEB MAJJID**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PACNGAON HHOGAM COLONY

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

(Uni.Fee. 0)

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

1/2 90224 Physics Paper III & IV Cr. 8

1/2 90233 Computer Science Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 9 8 6**

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032962 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 4 2 4 6 2 6**Full Name:** SHELAKE SAHIL SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHEAKEWADI POST WASHI

City SHEAKEWADI POST WASHI**PIN Code:** 416001**Email ID:** SAHILSHELAKE38@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032676 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

YEWALI, KOLHAPUR

City kolhapur**PIN Code:** 416207**Email ID:** SHELKERAJWARDHANSUDARSHAN@GMAIL.C**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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

Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032689 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 7 3 8 5 5 1 6 8 7 8

Full Name: SHEWALE MAYURESH RAJESH

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

PANDITRAV JADHAV NAGAR, PACHAGAON, KOLHAPUR

City kolhapur

PIN Code: 416013

Email ID: MAYURESHSHEWALE55@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 9 9 2

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032971 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : 9 0 4 9 0 4 7 6 2 2

Full Name: SHINDE PRATHAMESH SAYAJI

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: Maratha

Physical Disability NOT APPLICABLE

Correspondence Address:

TASGAON ROAD PETH VADGAON

City PETH VADGAON

PIN Code: 416112

Email ID: PRATHAMESHSHINDE70456@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)

Subject Details :

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032980 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

424/1931, CHAVADI GALLI

City KOLHAPUR**PIN Code:** 416006**Email ID:** SHINDERUSHABH2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR

Application Form for **B.Sc. CBCS (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 9 6 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022053511 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 5 9 0 7 8 6 4**Full Name:** SHINGE SUSHANT NARENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** sushantshinge04@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032984 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 8 8 8 6 8 4 2 3**Full Name:** SHIRGAVKAR YOGESH DATTARAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GORAMHE, KAGAL

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022028823 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 5 5 3 5 0 1**Full Name:** SHIRGUPPE SUMIT SHIRISH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** JAIN**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P PATTANKODOLI

City PATTANKODOLI**PIN Code:** 416202**Email ID:** sumitshirguppe3501@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033002 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

SANGAVADE VADI

City KOLHAPUR**PIN Code:** 416202**Email ID:** SIDHANURLE2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 9 9 6

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032699 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 3 9 3 8 2 1 5**Full Name:** SINGH ABHAY ANANDKUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAMARTH NAGAR, GOKUL SHIRGAON, KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** ABHAYSINGHLOVE1516@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

2/3 91566 Physics Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033660 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 5 4 2 3 0 4 8**Full Name:** SURYAVANSHI PRASAD VISHWANATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHELEWADI KOLHAPUR

City SHELEWADI**PIN Code:** 416208**Email ID:** PS06032004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033010 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 3 7 4 3 3 0 9 1**Full Name:** SUTAR ROHIT SAGAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P PARITE, MALAWADI

City KOLHAPUR**PIN Code:** 416211**Email ID:** SUTARROHIT46@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033663 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 7 8 7 4 7 7**Full Name:** SUTAR SAURABH BAJIRAO**Write Name in Devanagari (Marathi):** _____

Gender: _____ **Religion:** HINDU **Cast:** SUTAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

MAIN ROAD CHUYE

City CHUYE**PIN Code:** 416207**Email ID:** SAURABHSUTAR851@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0 (Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033666 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :

Mobile NO : **9 3 0 7 7 9 8 3 9 0**Full Name: **SUTAR VIRAJ SUBHASH**

Write Name in Devanagari (Marathi): _____

Gender: Male

Religion: HINDU

Cast: SUTAR

Physical Disability NOT APPLICABLE

Correspondence Address:

KOLHAPUR KANERI

City KANERI

PIN Code: 416234

Email ID: SUTARVIRAL@GMAIL.COM

Study Center: N.A.

Fees Details:

Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II), SEM IV)

Subject Details :

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032751 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

BANDAR GALLI, PATANKODOLI

City KOLHAPUR**PIN Code:** 416202**Email ID:** NILHILSWAMI2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033027 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

A/P NERLI

City KOLHAPUR**PIN Code:** 416234**Email ID:** RAHULTURAI2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033974 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

AT POST SANGAVADE WADI

City KOLHAPUR**PIN Code:** 416202**Email ID:** nayanvadar1@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033976 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 0 6 3 4 3 1 7**Full Name:** VADAR PRAMOD DEEPAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P HALSAVADE

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 6 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022018168 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

A P VANDUR TAL KAGAL DIST KOLHAPUR

City KAGAL**PIN Code:** 416216**Email ID:** drmstudentbsc22@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033015 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

MASKUTI TALAV, SHURAWAR PETH,

City KOLHAPUR**PIN Code:** 416002**Email ID:** VEERPRANAV2005@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 91566 Physics Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033912 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 6 9 9 6 9 7 6**Full Name:** VHATKAR RITESH ARUN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHOR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

813 'C' WARD RAVIWAR PETH KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** riteshvhatkar7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 1 9 1

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033915 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 5 7 5 8 0 6 6**Full Name:** VHATKAR SHREYASH BHALCHANDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHOR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAVIWAR PETH KOLHAPUR

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

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022054981 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 8 0 0 5 7 8 8 7**Full Name:** WADKAR PRATHAMESH ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** prathmeshwadkar9@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033921 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

UJLAIWADI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416004**Email ID:** YADAVATHARVA426@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033959 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

DHANGAR LANE, MALWADI, GADMUDSHINGI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416119**Email ID:** omkaryedekar2813@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033200 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 5 9 6 2 1 4 2 2**Full Name:** ! ATTAR ADNIN KALIM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** MUSLIM**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 6 NEAR BHARTI VIDYAPEETH PACHGAON

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033709 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 1 9 0 0 9 5 3 0**Full Name:** ! BAJI PRERANA JEEVAN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SWADHAR NAGAR KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033710 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 6 2 7 2 2 7 4**Full Name:** ! BENAKE SAKSHI SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DARYACHE VADGAON, KOLHAPUR

City DARYACHE VADGAON**PIN Code:** 416207**Email ID:** BENAKESAKSHI214@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032543 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 6 6 0 5 8 2 1**Full Name:** ! BHAKARE PRANOTI LAXMAN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NH 4 HIGHY EAST SHIRGOAN, KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** pranatibhakar1418@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 3 0 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022064825 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 9 0 6 0 6 2 9 3**Full Name:** ! BODAKE SANIKA UDAY**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** SANIKABODAKE07@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033253 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 3 4 7 3 8 2 0 0**Full Name:** ! CHAVAN DEVYANI PANDIT**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AT POST NIGAVE

City KOLHAPUR**PIN Code:** 416207**Email ID:** DEVYANICHAVAN504@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033252 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 8 5 8 3 6 3 3 9**Full Name:** ! CHAVAN KRISHNALI SHIVRAJ**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1331 E WARD, CHAVAN GALLI

City KOLHAPUR**PIN Code:** 416006**Email ID:** CHAVANKEISHNALI72@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033254 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 6 8 2 6 5 5**Full Name:** ! CHAVATEKAR SONALI MOHAN**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

398, SHAHUPURI, ASSEMBLY ROAD,

City KOLHAPUR**PIN Code:** 416002**Email ID:** SONALICHAVATEKAR7@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV)****Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 3 0 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022057184 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 7 6 5 6 5 8 9 2**Full Name:** ! CHOUGALE MADHURA MAHESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

622 A WARD KHANDOBA TALIM SHIVAJI PETH, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** madhurachougale12@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032784 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 5 9 5 1 4 1 6 2**Full Name:** ! CHOUGULE VAISHNAVI MAHADEV**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PORLE, PANHALA, KOLHAPUR

City PANHALA**PIN Code:** 416229**Email ID:** CHOUGULEMAHADEV518@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032792 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 1 9 7 4 6 6 1 4**Full Name:** ! DALAVI NAMRATA SHAMARAO**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHEDE, SHAHUWADI, KOLHAPUR

City SHAHUWADI**PIN Code:** 416214**Email ID:** NMRATADALAVI2003@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032796 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 9 2 0 3 1 5 3 5**Full Name:** ! DALAVI PRADNYA RAMCHANDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHEDE, SHAHUWADI, KOLHAPUR

City SHAHUWADI**PIN Code:** 416214**Email ID:** PRADNYADALAVI62@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032786 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 2 9 6 4 8 2 5**Full Name:** ! DALAVI SAKSHI BABURAO**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHADE, SHAHUWADI, KOLHAPUR

City SHAHUWADI**PIN Code:** 416213**Email ID:** DALAVISKSHI120@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032801 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 8 0 4 1 9 1 2**Full Name:** ! DHANG SAMIKSHA SHITALKUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

152/19, SHASTRINAGAR, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032804 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 1 1 0 2 4 6 4 6**Full Name:** ! DOIPHODE ANUSHKA AJAY**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

82, B WARD, SUBHASH NAGAR, KARVIR, KOLHAPUR

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

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033847 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 0 8 7 0 0 9 9 1**Full Name:** ! GAIKWAD PRATIKSHA ANANDA**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RN 76, NEAR SHREE HOTEL, RK NAGAR

City KOLHAPUR**PIN Code:** 416013**Email ID:** GAIKWADPRATIKSHA2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 91568 Botany Paper V & VI Cr. 4

2/3 91571 Geology Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033728 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 7 3 8 1 8 8**Full Name:** ! GHARNIYA PRERNA MAHESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** BHANGI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISOLATION KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033851 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 5 3 0 8 5 8 5**Full Name:** ! HAJARE MAHEK RAHUL**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

173, OM PARK, PACHGAON

City KOLHAPUR**PIN Code:** 416013**Email ID:** HAJARERAHUL26YAHOO@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90225 Chemistry Paper III & IV Cr. 8

1/2 90226 Botany Paper III & IV Cr. 8

1/2 90227 Zoology Paper III & IV Cr. 8

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:**Date:****Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032842 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 0 7 0 3 6 6 6 9**Full Name:** ! JADHAV KSHITIJABABAN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SARNOBATWADI, KOLHAPUR

City SARNOBATWADI**PIN Code:** 416005**Email ID:** JADHAVKSHITIJABABAN@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033737 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 4 3 9 9 6 5 3 2**Full Name:** ! JADHAV SAKSHI DINESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VHANALI, KAGAL KOLHAPUR

City VHANALI**PIN Code:** 416221**Email ID:** SAKSHIJADHAV0621@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032845 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 1 7 2 9 1 2 2 1**Full Name:** ! JADHAV SAMRUDDHI SANJAY**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

RAJRAMPURI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** JADHAVSAMRUDDHISANJAY@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV)****Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033856 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 2 1 9 0 1 1 1 0**Full Name:** ! JAGDALE TEJASWINI TANAJI**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

MALI GALLI KAGAL

City KOLHAPUR**PIN Code:** 416216**Email ID:** JAGDALETEJU75@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV)****Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033876 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 9 6 5 1 8 2 6 2**Full Name:** ! LAD GOURI UTTAM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HERLE

City KOLHAPUR**PIN Code:** 416005**Email ID:** GOURILAD2001@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90229 Geology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033885 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 4 9 7 1 3 2 7 3**Full Name:** ! MAKANDAR MAHIN SALIM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** MUSLIM**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAGAL

City KOLHAPUR**PIN Code:** 416216**Email ID:** MAHINMAKADAR2003@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/1 88173 English Paper 1 Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 9 4 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022049737 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 4 6 4 6 9 2 8 8**Full Name:** ! MAKANDAR SHAGUFTA SALIM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** makandarshagufta93@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0

(Uni.Fee. 0)

SEM I), SEM II), SEM IV)**Subject Details :**

1/1 88173 English Paper 1 Cr. 4

1/2 90227 Zoology Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 8 3 1

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032881 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 8 8 4 2 5 4 1 0**Full Name:** ! MALKAR KALYANI TUKARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANGESHWAR GALLI, UNCHGAON, KOLHAPUR

City UNCHGAON**PIN Code:** 416005**Email ID:** KALYANIMALKAR1@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032885 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 6 8 9 6 4 6 6 4**Full Name:** ! MORE NIKITA PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MOREWADI, KARVEER, KOLHAPUR

City KARVEER**PIN Code:** 416013**Email ID:** MORENIKI1611@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033895 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 9 9 9 4 5 3 9 5**Full Name:** ! MORE SHIVANI MANIK**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DATTA COLONY, KANERI

City KOLHAPUR**PIN Code:** 416234**Email ID:** SMA004627@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II), SEM III), SEM IV)**Subject Details :**

1/2 90229 Geology Paper III & IV Cr. 8

2/3 92825 Skill Enhancement Course - III Cr. 2

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 9 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022046366 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 5 8 3 1 0 9 1**Full Name:** ! MUJAWAR TASMIYA SHAHNAVAJ**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUJAWAR **Physical Disability** NOT APPLICABLE

Correspondence Address:**City** KOLHAPUR**PIN Code:****Email ID:** saharakop@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV)****Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033135 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 0 5 7 0 6 7 4**Full Name:** ! MULLA ASIYA ASLAM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** ISLAM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI CHOWK, KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** MULLA2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 9 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033149 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 0 8 5 0 0 2 9 2**Full Name:** ! NADAF ALFIYA IRSHAD**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

978 C WARD RAVIVAR PETH, KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** sohanadaf2191@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0 (Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 7 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033156 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 6 0 6 0 2 2 1 1**Full Name:** ! NADAF RAFIYA EQBAL**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** MUSLIM**Cast:** PINJARI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

319/PAI PLOT NO B-19, BALAJI PARK, KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** EQBAL1996@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 7 8 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032891 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 0 4 7 8 2 4 5 7**Full Name:** ! PATIL AARTI SARJERAO**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SONDOLI, SHAHUWADI, KOLHAPUR

City SHAHUWADI**PIN Code:** 416214**Email ID:** POOJAPATIL555623@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032582 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

YADAV NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** NIKITAPATIL4051@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

2/3 91566 Physics Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033755 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

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

YEWATI, KOLHAPUR

City YEWATI, KOLHAPUR**PIN Code:** 416207**Email ID:** NUTANPA9239@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032909 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 2 3 9 2 5 0 5 1**Full Name:** ! PATIL SHWETA SAYAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A WARD SHILADEVI KALAMBA ROAD KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** PATILSS2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033823 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 6 1 2 9 1 6 1 2**Full Name:** ! PATIL VAISHNAVI BHIVA**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL GALI KOGE, KOLHAPUR

City KOLHAPUR**PIN Code:** 416010**Email ID:** pvaishnavi374@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033696 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 4 5 9 3 7 8 1**Full Name:** ! PAWAR PRERNA PRAMOD**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAGAL , KOLHAPUR

City KOLHAPUR**PIN Code:** 416216**Email ID:** prernapawar@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033947 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 3 0 3 7 2 2**Full Name:** ! RAJPUT SAKSHI ARVIND**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** KANJARBHAT **Physical Disability** NOT APPLICABLE

Correspondence Address:

UJALAIWADI KOLHAPUR

City KOLHAPUR**PIN Code:** 416004**Email ID:** sakshirajput2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV)****Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033606 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 5 7 2 3 0 5 4**Full Name:** ! REDKAR PRANJALI SANDEEP**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** DOMBARI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANERI KOLHAPUR

City KANERI**PIN Code:** 416234**Email ID:** REDKAR12312003@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

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

2/3 91567 Chemistry Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032938 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 3 5 3 4 3 5 9 6**Full Name:** ! REPE SAKSHI VINOD**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

200 SHIKKA NAGAR NIPPANI

City NIPPANI**PIN Code:** 591237**Email ID:** SAKASHIREPE2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM IV)****Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 3 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022069650 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 8 3 1 7 4 9 8 7**Full Name:** ! SANKPAL AKSHATA GAJANAN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** PARIT**Physical Disability** NOT APPLICABLE**Correspondence Address:****City** KOLHAPUR**PIN Code:****Email ID:** anjalisankpal043@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033902 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 2 6 7 1 5 6 8**Full Name:** ! SANKPAL SHIVANI GAJANAN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RADHANAGRI, WALVE

City KOLHAPUR**PIN Code:** 416221**Email ID:** shivanisankpal54@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

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

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

Sir, I request the permission to present myself at the B.Sc. CBCS (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022032967 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 2 2 7 4 5 6**Full Name:** ! SHINDE PRACHI SUDAM**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

90 BWARD SUBHASH NAGAR

City Kolhapur**PIN Code:** 416012**Email ID:** SHINDEPS2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033655 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 9 5 0 5 0 5 6**Full Name:** ! SHINDE RUTUJA VINOD**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NIMBALKAR GALLI UCHGOAN

City UCHGOAN**PIN Code:** 416005**Email ID:** SHINDE290704@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033657 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 2 1 6 8 6 2 8 9**Full Name:** ! SHUKLA ANJALI RAKESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** BRAHMIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL GALLI TEMBAI WADI KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** ANJALISHUKLA6099@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

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

1/2 90225 Chemistry Paper III & IV Cr. 8

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94262 Zoology Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : 4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033972 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 2 8 8 0 8 8 6**Full Name:** ! SONAVANE VAISHNAVI RAJ**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** DHOR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR NAGAR KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** VAISHNAVISONAVANE@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94266 Electronics Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033910 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 1 0 2 1 0 0 4 9**Full Name:** ! THAKUR DHANASHREE RAJESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

731/A WARD, MAHADA COLONY, KALABA, KOLHAPUR

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

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 0 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033022 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 2 8 0 6 3 9 9**Full Name:** ! WABALE RADHIKA DNYANESHWAR**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPARK, NEAR MAGDUM LAWN, SAMBHAJINAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** RADHIKAWABALE2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94263 Statistics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 8 1 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022033956 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 8 7 7 6 2 9 7**Full Name:** ! YADAV MANITADEVI SALIKRAM**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Other **Physical Disability** NOT APPLICABLE

Correspondence Address:

PRATIBHA NAGAR KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** sunitayadav7077@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II), SEM III), SEM IV)****Subject Details :**

1/2 90225 Chemistry Paper III & IV Cr. 8

2/3 91568 Botany Paper V & VI Cr. 4

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94259 Chemistry Paper VII & VIII Cr. 8

2/4 94261 Botany Paper VII & VIII Cr. 8

2/4 94264 Geology Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

Place:	Date:	Student's Signature (Please sign strictly in 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 (NEP 2020) Part II Semester - IV**
Examination, March-2024



To,

Form No. : **4 4 2 5 6 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 (NEP 2020) Part II Semester - IV exam to be held in March-2024 for the papers mentioned below.

PRN: 2022019870 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 8 5 8 2 9 3 6**Full Name:** ! YADAV SAKSHI PANDURANG**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHEKHARWADI

City SHEKHARWADI**PIN Code:** 415401**Email ID:** krpstudents@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM IV)**Subject Details :**

2/4 94281 Skill Enhancement Course - IV Cr. 2

2/4 94258 Physics Paper VII & VIII Cr. 8

2/4 94260 Mathematics Paper VII & VIII Cr. 8

2/4 94268 Computer Science Paper VII & VIII Cr. 8

2/4 94282 ENVIRONMENTAL STUDIES Cr. 0

Optional Subjects:

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

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