

	SHIVAJI UNIVERSITY, KOLHAPUR Application Form for B.A.(CBCS) PART 3 SEM 6 (Marathi) Examination, Oct-2025											
		3129 B.A. (C.B.C.S)										
To,		Form No. : 4 9 7 8 6 8 0										
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR												
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Marathi) exam to be held in Oct-2025 for the papers mentioned below.												
PRN: 2018007705 College: Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR												
Personal Information : Mobile NO : 9 1 1 2 9 3 8 2 8 9 Full Name: ! KAMBLE PRANITA ANANT Write Name in Devanagari (Marathi): _____												
Gender: Female Religion: HINDU Cast: MANG Physical Disability NOT APPLICABLE												
Correspondence Address:												
AP SANGLI KHANBHAAG SHANTI NAGAR SANGLI												
City SANGLI	PIN Code: 415001	Email ID: MAHAVIRCOLLEGE@YAHOO.COM										
Study Center: N.A.												
Fees Details: 02.SEP.25		Fees to Pay ₹: 2 1 5 (Uni.Fee. 215)										
SEM V Th:215 (Uni.Fee:215)												
Subject Details : 3/5 75573 MARATHI-IX DSE-E3 Cr. 4												
Optional Subjects:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Exam Fee</td> <td style="text-align: right;">215</td> </tr> <tr> <td>Practicle Fee</td> <td style="text-align: right;">-</td> </tr> <tr> <td>Env. Fee</td> <td style="text-align: right;">-</td> </tr> <tr> <td>MS Fee</td> <td style="text-align: right;">-</td> </tr> <tr> <td colspan="2" style="text-align: right;">215</td> </tr> </table>	Exam Fee	215	Practicle Fee	-	Env. Fee	-	MS Fee	-	215	
Exam Fee	215											
Practicle Fee	-											
Env. Fee	-											
MS Fee	-											
215												
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.												
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)										
Specimen Signature:		Principal's Signature & Seal (Please sign in the box shown below)										



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for B.A.(CBCS) PART 3 SEM 6 (Hindi)
Examination, Oct-2025



3129 B.A. (C.B.C.S)

To,		Form No. : 4 9 7 8 9 2 6											
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR													
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Hindi) exam to be held in Oct-2025 for the papers mentioned below.													
PRN: 2020007147		College: Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR											
Personal Information :		Mobile NO : 8 9 5 6 7 1 0 3 4 0											
Full Name: CHAVAN SAI SATISH													
Write Name in Devanagari (Marathi): _____													
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE										
Correspondence Address:													
SHIVAJI NAGAR SHIYE													
City KOLHAPUR	PIN Code: 416001	Email ID: mahavircollege@gmail.com											
Study Center: N.A.													
Fees Details: 02.SEP.25		Fees to Pay ₹: 4 3 0 (Uni.Fee. 430)											
SEM V Th:215 (Uni.Fee:215), SEM VI Th:215 (Uni.Fee:215)													
Subject Details :													
3/5 75552 HINDI-VIII DSE-E7 Cr. 4		3/5 75553 HINDI-IX DSE-E8 Cr. 4											
3/6 75753 HINDI-XIV DSE-E133 Cr. 4													
Optional Subjects:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Exam Fee</td><td>430</td></tr> <tr><td>Practicle Fee</td><td>-</td></tr> <tr><td>Env. Fee</td><td>-</td></tr> <tr><td>MS Fee</td><td>-</td></tr> <tr><td>Total</td><td>430</td></tr> </table>	Exam Fee	430	Practicle Fee	-	Env. Fee	-	MS Fee	-	Total	430
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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)										
Specimen Signature:													



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(CBCS) PART 3 SEM 6 (History)**
Examination, Oct-2025



3129 B.A. (C.B.C.S)

To,

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

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

Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (History) exam to be held in Oct-2025 for the papers mentioned below.

PRN: 2020004294 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 0 3 6 9 8 5 3 4**Full Name:** SATHE SOURABH SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P VARANAGE, TAL. KARVEER, DIST. KOLHAPUR

City KOLHAPUR**PIN Code:** 416229**Email ID:** mmk28.cl@unishivaji.ac.in**Study Center:** N.A.**Fees Details:** 02.SEP.25**Fees to Pay ₹:** 2 1 5

(Uni.Fee. 215)

SEM VI Th:215 (Uni.Fee:215)**Subject Details :**

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

Optional Subjects:

Exam Fee	215
Practicle Fee	-
Env. Fee	-
MS Fee	-

215

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

Place:**Date:****Student's Signature**

(Please sign strictly in the box shown below)

Principal's Signature & Seal

(Please sign in the box shown below)

**Specimen
Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for B.A.(CBCS) PART 3 SEM 6 (Psychology)
Examination, Oct-2025



3129 B.A. (C.B.C.S)

To,		Form No. : 4 9 7 8 8 0 1											
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR													
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Psychology) exam to be held in Oct-2025 for the papers mentioned below.													
PRN: 2019013899		College: Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR											
Personal Information :		Mobile NO : 8 4 2 1 3 8 0 6 2 9											
Full Name: ! INGAWALE VAISHNAVI BABASAHEB													
Write Name in Devanagari (Marathi): _____													
Gender: Female	Religion: HINDU	Cast: KHATIK	Physical Disability NOT APPLICABLE										
Correspondence Address:													
1024, E WARD, SHAHUPURI, 8TH GALLI, KUMBHAR GALLI, KOLHAPUR.													
City KOLHAPUR	PIN Code: 416001	Email ID: vaishnaviigawale19@gmail.com											
Study Center: N.A.													
Fees Details: 02.SEP.25		Fees to Pay ₹: 2 1 5 (Uni.Fee. 215)											
SEM V Th:215 (Uni.Fee:215)													
Subject Details :													
3/5 75586 PSYCHOLOGY-VII DSE-E86 Cr. 4		3/5 75587 PSYCHOLOGY-VIII DSE-E87 Cr. 4											
3/5 75588 PSYCHOLOGY-IX DSE-E88 Cr. 4													
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Specimen Signature:													



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(CBCS) PART 3 SEM 6 (Psychology)**
Examination, Oct-2025



3129 B.A. (C.B.C.S)

To,		Form No. : 4 9 7 9 0 5 7											
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR													
Sir, I request the permission to present myself at the B.A.(CBCS) PART 3 SEM 6 (Psychology) exam to be held in Oct-2025 for the papers mentioned below.													
PRN: 2020011537		College: Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR											
Personal Information :		Mobile NO : 7 7 7 0 0 0 3 5 9 0											
Full Name: KAMBLE SANDESH SADASHIV													
Write Name in Devanagari (Marathi): _____													
Gender: Male	Religion: HINDU	Cast: MAHAR	Physical Disability NOT APPLICABLE										
Correspondence Address:													
AP MAJGOAN													
City KOLHAPUR	PIN Code: 416002	Email ID: mahavircollege@gmail.com											
Study Center: N.A.													
Fees Details: 02.SEP.25		Fees to Pay ₹: 4 3 0 (Uni.Fee. 430)											
SEM V Th:215 (Uni.Fee:215), SEM VI Th:215 (Uni.Fee:215)													
Subject Details :													
3/5 75502 English (Compulsory) AECC 5 Cr. 4		3/5 75586 PSYCHOLOGY-VII DSE-E86 Cr. 4											
3/6 75702 English (Compulsory) AECC 6 Cr. 4		3/6 75786 PSYCHOLOGY-XII DSE-E211 Cr. 4											
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