

### Application Form for B.Com (CBCS) 3 Sem VI



Examination, Oct-2025

To,						Form No. :	ŧ	500024	8
The DIRECTOR,	, BOARD OF EX	(AMINATIONS A	ND EVALUA	TION,SHIVAJI	UNIVERS	ITY,KOLHAPI	JR		
Sir,I request the papers mentione	-	present myself	f at the B.C	om (CBCS) 3	3 Sem VI	exam to be	held i	n Oct-2025	for the
PRN: 202001466	65 <b>Colleg</b>	e: Mahavir Mal	navidyalaya,K	Colhapur. , KC	LHAPUR				
Personal Informat					N	lobile NO :	9 8 5	0 1 1 2 2	7 3
Full Name:	BAGWAN MAH	IAMMAD SALIL	JAVED						
Write Name in D	evanagari (Mar	athi):							
Gender: Female	Religion:	MUSLIM	Cast: MU	JSLIM	Physic	al Disability	NOT AF	PPLICABLE	
Correspondence A	Address:								
C WARD SOMV	AR PETH								
<b>City</b> KOLHAPUR	2	PIN Code	e: 416002	Email II	<b>D:</b> maha	vircollege@gn	nail.com	1	
Study Center:	N.A.								
Fees Details:	02.SEP.25				Fees to P	ay ₹: 4 8 0		( Uni.Fee	. 480)
<b>SEM IV</b> Th:215 (	Uni.Fee:215), <b>S</b>	<b>EM VI</b> Th:215, M	1S:50 (Uni.Fe	e:265)					)
Subject Details : 2/4 73524 Busine	ess Statistics Pape	er-II Cr. 2		3/6 80275	Advanced A	Accountancy Pa	per IV (1	「axation) Cr. 2	
Optional Subjects	<b>s</b> :							Exam Fee Practic Env. F MS Fee	le Fee - ee -
									480
Declaration: I here knowledge and be liable to be cancel	elief. I underst								
Place:	Date:	Student's Sign (Please sign st		x shown below	<i>y</i> )	Principal's Sign (Please sign in			
Specimen Sigature:									



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No.	•	5 0 0 0 2	8 6
The DIRECTOR,	BOARD OF EX	XAMINATIONS AN	D EVALUATION,S	SHIVAJI UNIV	/ERSI	ΓΥ,ΚOLHAI	PUR		
Sir,I request the papers mentioned		present myself a	at the B.Com (C	BCS) 3 Sen	n VI	exam to b	e held	in Oct-2025	for the
PRN: 2020016820	O <b>Colle</b> ç	ge: Mahavir Maha	vidyalaya,Kolhapı	ur. , KOLHAF	PUR				
Personal Information	on :				Мо	bile NO :	9 6 (	7367	8 7 0
Full Name: Cl	HECHAR VISH	INUPRASAD BAB	URAO						
Write Name in De	evanagari (Ma	rathi):							
Gender: Male	Religion:	HINDU	Cast: Maratha	Ph	nysical	Disability	NOT A	PPLICABLE	
Correspondence A	ddress:								
A/P. TOP, TAL. H	ATKANANGLE	Ī							
City KOLHAPUR		PIN Code:	416122	Email ID: n	nahavi	rcollege@y	ahoo.co	m	
Study Center: N	I.A.								
Fees Details: 0	2.SEP.25			Fees	s to <b>Pa</b>	y ₹: 2 1 5		( Uni.Fe	ee. 215)
<b>SEM V</b> Th:215 (U	ni.Fee:215)								,
Subject Details : 3/5 80244 Advance	ed Accountancy	- Paper I Cr. 2							
Optional Subjects:	:							Env	ticle Fee - . Fee - Fee -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I unders								
Place:	Date:	Student's Signati	ure tly in the box shov	vn below)		rincipal's Si Please sign i	_	& Seal k shown belov	w)
Specimen Sigature:		(* *******	.,						,



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5	00024	5
The DIRECTOR,	BOARD OF E	XAMINATIONS	AND EVALUATIO	N,SHIVAJI	UNIVERS	ITY,KOLHAF	UR		
Sir,I request the papers mentione	•	present myse	elf at the B.Com	(CBCS) 3	Sem VI	exam to be	e held ir	n Oct-2025	for the
PRN: 202001465	7 Colleç	ge: Mahavir Ma	ahavidyalaya,Kolh	apur.,KO	LHAPUR				
Personal Information	on :				М	obile NO :	965	7 0 9 9 5	0 6
Full Name: C	HINAMDAR P	RAVIN BASAPF	PA						
Write Name in De	evanagari (Ma	rathi):							
Gender: Male	Religion	HINDU	Cast: Other		Physica	al Disability	NOT AP	PLICABLE	
Correspondence A	ddress:								
SHIVAJI PARK									
City KOLHAPUR		PIN Cod	de: 416003	Email II	): mahav	vircollege@g	mail.com		
Study Center:	N.A.								
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: <b>2</b> 1 5		( Uni.Fee	e. 215)
<b>SEM V</b> Th:215 (U	ni.Fee:215)								_
Subject Details : 3/5 80241 Busines	ss Regulatory Fr	amework Paper I	Cr. 2						
Optional Subjects	:			_				Exam Fe Praction Env. MS F	cle Fee Fee
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I unders								
Place:	Date:	Student's Sig		h a		Principal's Sig	•		
Specimen Sigature:		(Please sign s	strictly in the box sl	nown below	)	(Please sign i	1 the box	snown below,	)



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5	0002	0 6	
The DIRECTOR,	BOARD OF EX	AMINATIONS A	ND EVALUAT	ION,SHIVAJ	UNIVERS	ITY,KOLHAF	UR			
Sir,I request the papers mentioned	-	present mysel	f at the B.Co	om (CBCS)	3 Sem VI	exam to b	e held ir	Oct-202	5 for	the
PRN: 2020013278	8 Colleg	e: Mahavir Ma	havidyalaya,K	olhapur.,K0	LHAPUR					
Personal Information	on :				М	obile NO :	9 6 8	9 3 0 7	6 7 6	
Full Name: Cl	HOUGALE SU.	JIT PRAKASH								
Write Name in De	vanagari (Mar	athi):								
Gender: Male	Religion:	HINDU	Cast: Ma	ratha	Physica	al Disability	NOT AP	PLICABLE		
Correspondence A	ddress:									
KHOT GALLI KOT	ΓOLI									
City KOLHAPUR		PIN Code	e: 416227	Email I	D: maha\	vircollege@g	mail.com			
Study Center: N	I.A.									_
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: 2 1 5		( Uni.F	ee. 215)	
SEM V Th:215 (Ui	ni.Fee:215)									
Subject Details : 3/5 80241 Busines	s Regulatory Fra	mework Paper I	Cr. 2	3/5 80244	Advanced A	accountancy -	Paper I C	r. 2		
3/5 80245 Advance	ed Accountancy	- Paper II Cr. 2								
Optional Subjects:								En	Fee cticle Fee v. Fee S Fee	-
										215
Declaration: I here knowledge and be liable to be cancelled	elief. I underst									
Place:	Date:	Student's Sign				Principal's Sig	•			
Specimen Sigature:		(Please sign si	rictly in the bo	x snown belov	<i>v</i> )	(Please sign i	n the box	snown beio	ow)	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	500	0160	,
The DIRECTOR,	BOARD OF EX	AMINATIONS AND EVALUA	TION,SHIVAJ	UNIVERS	ITY,KOLHAPUR			
Sir,I request the papers mentioned	•	present myself at the B.C	om (CBCS) 3	3 Sem VI	exam to be h	eld in Oct	t-2025 fo	or the
PRN: 202001644	1 College	e: Mahavir Mahavidyalaya,k	Colhapur. , KC	DLHAPUR				
Personal Information Full Name: Ha	AWALDAR SHE	REEPRASAD VINAY		M	obile NO : 9	9 2 2 1	9 4 6 7	5
Gender: Male	Religion:	•	aratha	Physica	al Disability NC	T APPLIC	ABLE	
Correspondence A	ddress:							
A/P SHIVAJI CHC	OUK, TALANDA	GE						
City KOLHAPUR		PIN Code: 416236	Email I	D: maha\	vircollege@yaho	o.com		
Study Center: N	I.A.							
Fees Details: 0	2.SEP.25			Fees to P	ay ₹: 4 3 0	(	Uni.Fee. 4	430)
<b>SEM V</b> Th:215 (U	ni.Fee:215), <b>SE</b>	<b>M VI</b> Th:215 (Uni.Fee:215)						
Subject Details: 3/5 80242 Modern	Management Pra	actices Paper I Cr. 2	3/5 80244	Advanced A	ccountancy - Pap	er I Cr. 2		
3/6 80275 Advance	ed Accountancy F	Paper IV (Taxation) Cr. 2						
Optional Subjects:						E	Exam Fee Practicle Env. Fe MS Fee	e -
	elief. I understa	at all statements made in and that in the event of a						
Place:	Date:	Student's Signature	w about halv		Principal's Signat			
Specimen Sigature:		(Please sign strictly in the bo	SHOWN DEIOV	v)	(Please sign in the	WONS XOU	n below)	



Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5 0	00115	
The DIRECTOR,	BOARD OF E	XAMINATIONS A	ND EVALUATIO	N,SHIVAJI	UNIVERS	ITY,KOLHAPUF	२		
Sir,I request the papers mentione	-	present myself	at the B.Com	(CBCS)	3 Sem VI	exam to be I	neld in C	Oct-2025 fo	r the
PRN: 202001042	3 Colleg	ge: Mahavir Mah	navidyalaya,Koll	napur. , KC	LHAPUR				
Personal Information Full Name: ! J Write Name in De	ADHAV ROS				М	obile NO :	9 5 7 9	3 9 3 8 5	3
Gender: Female	Religion	HINDU	Cast: LAMA	ANI	Physica	al Disability N	OT APPL	ICABLE	
Correspondence A	ddress:								
POST BORI									
City PARBHANI		PIN Code	: 431508	Email I	D: roshaı	nijadhav153@gı	mail.com		
Study Center: N	I.A.								
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: <b>2</b> 1 5		( Uni.Fee. 2	:15)
<b>SEM V</b> Th:215 (U	ni.Fee:215)								,
Subject Details : 3/5 80240 Busines	s Environment	(Indian Eco.Env.) P	aper I Cr. 2	3/5 80241	Business R	egulatory Framev	vork Paper	r I Cr. 2	
3/5 80244 Advance	ed Accountancy	- Paper I Cr. 2	,						
Optional Subjects	:			_				Exam Fee Practicle Env. Fee MS Fee	e -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I unders					•			-
Place:	Date:	Student's Signa (Please sign stu	ature rictly in the box s	hown below		Principal's Signa (Please sign in th			
Specimen Sigature:		(			,				



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	5	0 0 0 3 3 2	
The DIRECTOR,	BOARD OF E	EXAMINATIONS A	ND EVALUATION,SHIVA	AJI UNIVERS	ITY,KOLHAF	PUR		
Sir,I request the papers mentione		to present myseli	f at the B.Com (CBCS)	) 3 Sem VI	exam to b	e held in	Oct-2025 fc	or the
PRN: 202001912	0 <b>Coll</b> e	ege: Mahavir Mal	navidyalaya,Kolhapur. , I	KOLHAPUR				
Personal Informati	on :			М	obile NO :	7 4 9	8 8 3 8 8 4	9
Full Name: ! J	ADHAV SWA	ARUPA RAJARAN	Λ					
Write Name in De	evanagari (M	arathi):						
Gender: Female	Religio	ı: HINDU	Cast: Maratha	Physica	al Disability	NOT APF	PLICABLE	
Correspondence A	ddress:							
HANUMAN NAGA	AR SHIYE							
City KOLHAPUR		PIN Code	e: 416005 <b>Ema</b> i	I ID: mahav	vircollege@g	mail.com		
Study Center:	N.A.							
Fees Details: 0	2.SEP.25			Fees to P	ay ₹: 2 1 5		( Uni.Fee. 2	215)
<b>SEM V</b> Th:215 (U	ni.Fee:215)							
Subject Details :								
3/5 80241 Busines	ss Regulatory F	ramework Paper I	Cr. 2					
Optional Subjects	:						Exam Fee Practicle Env. Fee MS Fee	e -
								215
	elief. I under		ts made in this applica e event of any informat					
Place:	Date:	Student's Sign (Please sign st	ature rictly in the box shown bel		Principal's Sig (Please sign i	-		
Specimen Sigature:		(* ************************************	,	,	,			



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5	0 0 0 2 5	5
The DIRECTOR,	BOARD OF E	XAMINATIONS AN	D EVALUATION	N,SHIVAJI U	JNIVERS	ITY,KOLHAF	UR		
Sir,I request the papers mentione	-	o present myself a	at the B.Com	(CBCS) 3	Sem VI	exam to b	e held ir	Oct-2025	for the
PRN: 202001637	6 <b>Colle</b>	ge: Mahavir Maha	vidyalaya,Kolha	apur. , KOL	HAPUR				
Personal Informati	ion :				M	obile NO :	9 3 7	0 4 8 7 5	7 8
Full Name: K	ADAM PRUTH	IVIRAJ YUVRAJ							
Write Name in D	evanagari (Ma	rathi):							
Gender: Male	Religion	: HINDU	Cast: Marath	ıa	Physica	al Disability	NOT AP	PLICABLE	
Correspondence A	Address:								
RAJARAMPURI	14 LANE, NEA	R, VIJAY BEAKAR	Y, KOLHAPUR						
City KOLHAPUR		PIN Code:	416119	Email ID	: mahav	vircollege@y	ahoo.com	ı	
Study Center:	N.A.								
Fees Details:	02.SEP.25				Fees to P	ay ₹: <b>2</b> 1 5		( Uni.Fee.	215)
<b>SEM V</b> Th:215 (U	Jni.Fee:215)								
Subject Details :									
3/5 80244 Advanc	ced Accountancy	- Paper I Cr. 2		_					
Optional Subjects	<b>:</b>							Exam Fee	215
								Practicl	e Fee -
								Env. F	
									215
	elief. I unders	hat all statements stand that in the							
Place:	Date:	Student's Signatu (Please sign stric		own below)		Principal's Sig (Please sign i		Seal shown below)	
Specimen Sigature:									



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5	0 0 0 2 0	9
The DIRECTOR,	BOARD OF EX	(AMINATIONS ANI	D EVALUAT	ION,SHIVAJ	UNIVERS	ITY,KOLHAPU	JR		
Sir,I request the papers mentioned		present myself a	t the B.Co	om (CBCS)	3 Sem VI	exam to be	held in	Oct-2025	for the
PRN: 202001328	9 Colleg	e: Mahavir Maha	∕idyalaya,K	olhapur. , K0	DLHAPUR				
Personal Information	on :				M	obile NO :	7 4 2	0 8 2 8 1	8 3
Full Name: K	AMBLE RUSH	IKESH RAJENDR	A						
Write Name in De	evanagari (Mar	athi):							<u> </u>
Gender: Male	Religion:	HINDU	Cast: MA	NG	Physica	al Disability	NOT APF	PLICABLE	
Correspondence A	ddress:								
RADHASWAMI S	ATSANG VALI	VADE ROAD							
City KOLHAPUR		PIN Code:	415224	Email I	D: mahav	vircollege@gm	nail.com		
Study Center: N	I.A.								
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: <b>2 1 5</b>		( Uni.Fee.	215)
<b>SEM V</b> Th:215 (U	ni.Fee:215)								
Subject Details: 3/5 80242 Modern	Management Pr	actices Paper I Cr. 2	2	3/5 80244	Advanced A	.ccountancy - P	aper I Cr	: 2	
Optional Subjects:	:							Exam Fee Practicle Env. Fe MS Fe	e Fee - ee -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I underst								
Place:	Date:	Student's Signatu (Please sign stric		shown below		Principal's Sigr (Please sign in			
Specimen Sigature:									



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



То,					Form No. :	4 9 9 9 8 6 1	
The DIRECTOR,	BOARD OF E	XAMINATIONS AN	ID EVALUATION,SHI	VAJI UNIVERS	ITY,KOLHAPI	JR	
Sir,I request the papers mentione	•	o present myself	at the B.Com (CBC	S) 3 Sem VI	exam to be	held in Oct-2025 for	the
PRN: 202000477	7 Colle	ge: Mahavir Mah	avidyalaya,Kolhapur.	, KOLHAPUR			
Personal Information	on :			М	obile NO :	8 8 8 8 2 4 0 1 9 8	
Full Name: K	ASHID UMES	H RAJENDRA					
Write Name in De	evanagari (Ma	ırathi):					
Gender: Male	Religion	: HINDU	Cast: NHAVI	Physica	al Disability	NOT APPLICABLE	
Correspondence A	ddress:						
SAI CHUKE, VAL	IVADE						
City KOLHAPUR		PIN Code:	416119 <b>Em</b>	nail ID: mmk2	8.cl@unishiva	ıji.ac.in	
Study Center: N	N.A.						
Fees Details: 0	2.SEP.25			Fees to P	ay ₹: <b>2 1 5</b>	( Uni.Fee. 215)	
<b>SEM V</b> Th:215 (U	ni.Fee:215)						/
Subject Details : 3/5 80244 Advance	ed Accountancy	/ - Paper I Cr. 2					
Optional Subjects:	:					Exam Fee Practicle Fee Env. Fee MS Fee	215
							215
	elief. I under					nd correct to the best of incorrect, my candidature	
Place:	Date:	Student's Signa			Principal's Sign		
Specimen Sigature:		(Flease Sign Stri	ctly in the box shown I	Jelow)	(riedse Sigii IN	the box shown below)	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5 0	00156	
The DIRECTOR,	BOARD OF EX	AMINATIONS A	AND EVALUA	TION,SHIVA	JI UNIVERSI	TY,KOLHAPU	JR		
Sir,I request the papers mentione	•	present myse	If at the B.C	om (CBCS)	3 Sem VI	exam to be	held in C	oct-2025 for	the
PRN: 202001648	6 Colleg	e: Mahavir Ma	havidyalaya,K	olhapur. , K	OLHAPUR				
Personal Information	on : HEDEKAR NIN	AD SANJAY			M	obile NO :	9 3 5 9	5 9 6 7 8 7	,
Write Name in De									-
Gender: Male	Religion:	HINDU	Cast: SC	NAR	Physica	Il Disability	NOT APPL	CABLE	
Correspondence A	ddress:								
504/ D WARD, GA	ANGAWASH,K	OLHAPUR							
City KOLHAPUR		PIN Cod	<b>e</b> : 416002	Email	ID: mahav	rircollege@yal	noo.com		
Study Center: N	I.A.								
Fees Details: 0	2.SEP.25				Fees to Pa	ay ₹: 4 3 0		(Uni.Fee. 43	0)
SEM V Th:215 (U	ni Fee:215) <b>SF</b>	: <b>M VI</b> Th:215 (L	Ini Fee·215)						
Subject Details :	00.210), 02	•• •• • • • • • • • • • • • • • •	33.213)						/
3/5 80241 Busines	s Regulatory Fra	mework Paper I	Cr. 2	3/5 80244	Advanced A	ccountancy - Pa	aper I Cr. 2		
3/5 80245 Advance	ed Accountancy	Paper II Cr. 2		3/6 80274	Advanced A	ccountancy Pa	per III Cr. 2		
3/6 80275 Advance	ed Accountancy	Paper IV (Taxatio	n ) Cr. 2	•					
Ontional Subjects							_	F F	400
Optional Subjects:								Exam Fee Practicle Fe Env. Fee MS Fee	430 ee - -
									430
Declaration: I here knowledge and be liable to be cancelled	elief. I underst								
Place:	Date:	Student's Sigr	nature trictly in the bo	x shown belo		Principal's Sigr (Please sign in			
Specimen Sigature:		(* 1222 0.9/10			,				



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No.	: 5	00028	4
The DIRECTOR,	BOARD OF EX	KAMINATIONS /	AND EVALUATIO	ON,SHIVAJI	UNIVERS	ITY,KOLHAI	PUR		
Sir,I request the papers mentione	-	present myse	If at the B.Com	n (CBCS) 3	Sem VI	exam to b	e held in	Oct-2025	for the
<b>PRN:</b> 202001671	8 Colleç	<b>je:</b> Mahavir Ma	ahavidyalaya,Koll	hapur. , KO	LHAPUR				
Personal Informati	on :				М	obile NO :	9 1 7	5 6 1 2 1 (	6 4
Full Name: K	OLI VINOD S	HASHIKANT							
Write Name in De	evanagari (Mai	rathi):							
Gender: Male	Religion:	HINDU	Cast: KOLI		Physica	al Disability	NOT APF	PLICABLE	
Correspondence A	ddress:								
SAMRAT CHOW	k pattan koi	OOLI							
City KOLHAPUR		PIN Cod	le: 416001	Email ID	): Mahav	vircollege@g	mail.com		
Study Center:	N.A.								
Fees Details: 0	02.SEP.25				Fees to P	ay ₹: 2 1 5	1	( Uni.Fee.	215)
<b>SEM V</b> Th:215 (U	lni.Fee:215)								,
Subject Details: 3/5 80244 Advance	ed Accountancy	- Paper I Cr. 2							
Optional Subjects	:							Exam Fee Practicle Env. Fe MS Fe	e Fee - ee -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I unders								
Place:	Date:	Student's Sign	nature strictly in the box s	shown below		Principal's Si	-	eal hown below)	
Specimen Sigature:		(Flease Sign S	unctly in the box s	silowii below,		(Flease Sigil	II tile box s	nown below)	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To, Form No.: <b>5 0 0 0 1 0</b>	9
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR	
Sir,I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in Oct-2025 papers mentioned below.	for the
PRN: 2020007701 College: Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR	
Personal Information : Mobile NO : 7 7 4 4 8 9 2 7	7 3
Full Name: LOKHANDHE OMKAR GANAPATI	
Write Name in Devanagari (Marathi):	
Gender: Male Religion: HINDU Cast: MALI Physical Disability NOT APPLICABLE	
Correspondence Address:	
15/212 A, NEJDAR COLONY, KASABA BAWADA,	
City KOLHAPUR PIN Code: 416006 Email ID: mahavircollege@yahoo.com	
Study Center: N.A.	
Fees Details: 02.SEP.25 Fees to Pay ₹: 4 3 0 (Uni.Fee	: 430)
<b>SEM V</b> Th:215 (Uni.Fee:215), <b>SEM VI</b> Th:215 (Uni.Fee:215)	
Subject Details :	
3/5 80244 Advanced Accountancy - Paper I Cr. 2 3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2	2
Optional Subjects: Exam Fe	e 430
Practic	le Fee -
Env. I  MS F	
	430
Declaration, I havely, declare that all statements made in this application are two consults and conset to the h	
Declaration: I hereby declare that all statements made in this application are true complete and correct to the b knowledge and belief. I understand that in the event of any information being found false or incorrect, my cancillable to be cancelled or reject.	
Place: Date: Student's Signature Principal's Signature & Seal	
(Please sign strictly in the box shown below) (Please sign in the box shown below)	
Specimen Sigature:	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	4	999876	6
The DIRECTOR,	BOARD OF E	EXAMINATIONS AN	ID EVALUATION,S	HIVAJI UNIVERS	ITY,KOLHAF	PUR		
Sir,I request the papers mentione		to present myself	at the B.Com (CE	BCS) 3 Sem VI	exam to b	e held in	Oct-2025 fo	or the
PRN: 202000501	2 Colle	ge: Mahavir Maha	avidyalaya,Kolhapu	r. , KOLHAPUR				
Personal Informati	ion :			М	obile NO :	772(	0 9 3 2 8 6	2
Full Name: M	IANGAVE AK	ASH BHUJGONDA						
Write Name in D	evanagari (Ma	arathi):						
Gender: Male	Religion	ı: HINDU	Cast: JAIN	Physica	al Disability	NOT APP	LICABLE	
Correspondence A	Address:							
A/P. VALIVADE,	NEAR JAIJINE	EDRA TALIM MAND	DAL					
City KOLHAPUR		PIN Code:	416119 <b>E</b>	mail ID: mmk2	8.cl@unishiv	aji.ac.in		
Study Center:	N.A.							
Fees Details:	02.SEP.25			Fees to P	ay ₹: 2 1 5		( Uni.Fee. 2	215)
<b>SEM V</b> Th:215 (U	Ini Fee:215)							
	Jiii.i CC.2 10)							/
Subject Details: 3/5 80244 Advance	ced Accountanc	y - Paper I Cr. 2						
Optional Subjects	<b>:</b> :						Exam Fee Practicle Env. Fe MS Fee	e -
								215
	elief. I under	that all statements stand that in the						
Place:	Date:	Student's Signat	ure ctly in the box show		Principal's Sig (Please sign i			
Specimen Sigature:		, , , , ,		,			- · · ,	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5 (	000257	
The DIRECTOR,	BOARD OF EX	(AMINATIONS A	ND EVALUAT	ΓΙΟΝ,SHIVA.	JI UNIVERS	SITY,KOLHAPI	JR		
Sir,I request the papers mentioned		present myself	f at the B.Co	om (CBCS)	3 Sem VI	exam to be	held in	Oct-2025 fo	r the
PRN: 202001638	1 Colleg	e: Mahavir Mal	havidyalaya,K	olhapur. , K	OLHAPUR				
Personal Information Full Name: M	on : UNASE TANU	JULHAS			ſ	Mobile NO :	8 6 6 8	7 8 4 2 0	6
Write Name in De	vanagari (Mar	athi):							
Gender: Male	Religion:	HINDU	Cast: Ma	ratha	Physic	cal Disability	NOT APP	LICABLE	
Correspondence A	ddress:								
1038/A-7, SAI-SIE	DDHI PARK, RA	ADHANAGARI F	ROAD, KOLHA	APUR					
City KOLHAPUR		PIN Code	e: 416012	Email	ID: maha	avircollege@ya	hoo.com		
Study Center: N	I.A.								
Fees Details: 0	2.SEP.25				Fees to I	Pay ₹: <b>4 3 0</b>		( Uni.Fee. 4	30)
SEM V Th:215 (U	ni.Fee:215), <b>S</b> i	<b>EM VI</b> Th:215 (UI	ni.Fee:215)						
Subject Details :	,,	•	,						
3/5 80241 Busines	s Regulatory Fra	amework Paper I	Cr. 2	3/5 80242	Modern M	anagement Prac	tices Papeı	r I Cr. 2	
3/5 80243 Co-oper	ative Developme	ent Paper I Cr. 2		3/6 80274	Advanced	Accountancy Pa	per III Cr.	2	
3/6 80275 Advance	ed Accountancy	Paper IV (Taxatior	n ) Cr. 2						
Optional Subjects:	:							Exam Fee Practicle I Env. Fee MS Fee	
									430
Declaration: I here knowledge and be liable to be cancelled	elief. I underst								
Place:	Date:	Student's Sign (Please sign st		x shown belo	w)	Principal's Sign (Please sign in			
Specimen Sigature:								· · ·	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	5 (	000120	)
The DIRECTOR,	BOARD OF EX	XAMINATIONS AN	ID EVALUATION	SHIVAJI UNI,	VERSITY,KOLHAP	UR		
Sir,I request the papers mentioned	-	present myself	at the B.Com (	CBCS) 3 Se	m VI exam to be	e held in	Oct-2025 fo	or the
<b>PRN:</b> 2020010444	4 Colleç	ge: Mahavir Maha	avidyalaya,Kolha	pur. , KOLHA	PUR			
Personal Information	on :				Mobile NO :	7 6 2 0	8 5 3 1 1	7
Full Name: NA	AIK SAMART	H AMARDEEP						
Write Name in De	evanagari (Ma	rathi):						_
Gender: Male	Religion:	HINDU	Cast: MAHAR	R P	hysical Disability	NOT APPI	LICABLE	
Correspondence A	ddress:							
PLOT NO 21 YAA	SHAVANT CC	LONY						
City KOLHAPUR		PIN Code:	416229	Email ID:	mahavircollege@gr	nail.com		
Study Center: N	N.A.							
Fees Details: 0	2.SEP.25			Fee	es to <b>Pay</b> ₹: <b>2 1 5</b>		( Uni.Fee.	215)
<b>SEM V</b> Th:215 (U	ni.Fee:215)							_
Subject Details :								
3/5 80244 Advance	ed Accountancy	- Paper I Cr. 2						
Optional Subjects:	:						Exam Fee Practicle Env. Fe MS Fee	e ·
								215
Declaration: I here knowledge and be liable to be cancelled	elief. I unders							
Place:	Date:	Student's Signat (Please sign stri	ture ctly in the box sho	own below)	Principal's Sig (Please sign ir			
Specimen Sigature:			·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025

То,					Form No. :	5	000271	
The DIRECTOR,	BOARD OF E	XAMINATIONS AN	D EVALUATION,S	SHIVAJI UNIVERS	ITY,KOLHAP	UR		
Sir,I request the papers mentione	-	o present myself	at the B.Com (C	BCS) 3 Sem VI	exam to be	held in	Oct-2025 for	the
PRN: 202001595	3 Colle	ge: Mahavir Maha	vidyalaya,Kolhapı	ur. , KOLHAPUR				
Personal Information	on :			N	lobile NO :	8605	5 5 0 0 6 5	4
Full Name: N	ILKANTH SA	NDESH ARJUN						
Write Name in De	evanagari (Ma	rathi):						_
Gender: Male	Religion	: HINDU	Cast: GURAV	Physic	al Disability	NOT APP	LICABLE	
Correspondence A	ddress:							
NEAR KAGLWAD	I KILL BAWA	DA						
City KOLHAPUR		PIN Code:	416002	Email ID: maha	vircollege@gn	nail.com		
Study Center: N	N.A.							
Fees Details: 0	2.SEP.25			Fees to F	Pay ₹: 2 1 5		( Uni.Fee. 2	15)
<b>SEM V</b> Th:215 (U	ni.Fee:215)							,
Subject Details : 3/5 80241 Busines	s Regulatory F	ramework Paper I Cr	. 2					
Optional Subjects:	:						Exam Fee Practicle F Env. Fee MS Fee	215 ee - -
								215
Declaration: I here knowledge and be liable to be cancelled	elief. I under							
Place:	Date:	Student's Signat	ure ctly in the box shov		Principal's Sig (Please sign in			
Specimen Sigature:		(Ficase sign stric	ony in the box 5110v	WII DEIOW)	(i icase sigii iii	uie bux Si	TOWIT DEIOW)	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	5000282
The DIRECTOR	, BOARD OF E	XAMINATIONS A	AND EVALUATION,S	SHIVAJI UN	IIVERSITY,KOLHAPUR	
Sir,I request the papers mentione	•	o present mysel	If at the B.Com (C	BCS) 3 S	em VI exam to be held	I in Oct-2025 for the
<b>PRN:</b> 20200168	14 Colleg	<b>ge:</b> Mahavir Ma	havidyalaya,Kolhapı	ur. , KOLH	APUR	
Personal Informat	tion :				Mobile NO: 8 6	2 5 9 4 2 4 3 4
Full Name: !	PADALKAR MA	ANALI KISHOR				
Write Name in D	evanagari (Ma	rathi):				
Gender: Female	Religion	: HINDU	Cast: KUMBHA	AR	Physical Disability NOT	APPLICABLE
Correspondence A	Address:					
883, D WARD, S	OMWAR PETH	I, KUMBHAR GA	ALLI,			
City KOLHAPUR	2	PIN Cod	<b>e</b> : 416002	Email ID:	manalipadalkar05@gmail	l.com
Study Center:	N.A.					
Fees Details:	02.SEP.25			Fe	ees to <b>Pay</b> ₹: <b>2 1 5</b>	( Uni.Fee. 215)
<b>SEM V</b> Th:215 (l	Jni.Fee:215)					,
Subject Details :						
3/5 80245 Advan	ced Accountancy	- Paper II Cr. 2				
Optional Subjects	s:					Exam Fee 215 Practicle Fee - Env. Fee - MS Fee -
						215
	oelief. I unders				are true complete and co peing found false or inco	
Place:	Date:	Student's Sigr (Please sign s	nature trictly in the box show	vn below)	Principal's Signature (Please sign in the b	
Specimen Sigature:			-	•		·



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form	No.: 4	1999841	
The DIRECTOR,	, BOARD OF EX	KAMINATIONS	AND EVALUATIO	N,SHIVAJI U	NIVERSITY,KOL	HAPUR		
Sir,I request the papers mentione	•	present myse	elf at the B.Com	(CBCS) 3 S	Sem VI exam	to be held i	n Oct-2025 fo	r the
PRN: 202000476	66 Colleg	<b>je:</b> Mahavir M	ahavidyalaya,Kolh	napur. , KOLI	HAPUR			
Personal Informat	ion :				Mobile NO	: 708	3 1 9 9 7 4	1
Full Name: P	PARIT ABHISHE	K DIGAMBAR						
Write Name in D	evanagari (Maı	rathi):						_
Gender: Male	Religion:	HINDU	Cast: PARI	Т	Physical Disabi	lity NOTAF	PPLICABLE	
Correspondence A	Address:							
A/P MOUJE VAD	OGAON, HATKA	NANGLE						
City KOLHAPUR	1	PIN Co	de: 416122	Email ID:	abhijitparit101(	@gmail.com		
Study Center:	N.A.							
Fees Details:	02.SEP.25			F	ees to <b>Pay</b> ₹: <b>2</b>	1 5	( Uni.Fee. 2	15)
<b>SEM V</b> Th:215 (L	Jni.Fee:215)							)
Subject Details :								
3/5 80244 Advanc	ced Accountancy	- Paper I Cr. 2						
Optional Subjects	<b>s:</b>						Exam Fee Practicle Env. Fee MS Fee	
								215
Declaration: I her knowledge and b liable to be cancell	elief. I unders							
Place:	Date:	Student's Sig	nature strictly in the box s	shown below)	I	s Signature &	Seal shown below)	
Specimen Sigature:				, , , , , , , , , , , , , , , , , , ,	,	<u> </u>	,	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5 (	00267	
The DIRECTOR,	BOARD OF EX	AMINATIONS A	ND EVALUAT	TION,SHIVA	II UNIVERS	SITY,KOLHAPU	JR		
Sir,I request the papers mentioned		present myself	at the B.Co	om (CBCS)	3 Sem VI	exam to be	held in	Oct-2025 fo	r the
PRN: 2020014598	3 Colleg	e: Mahavir Mah	navidyalaya,K	olhapur. , K	OLHAPUR				
Personal Information Full Name: PA Write Name in De	ARMAR VISHI				N	Mobile NO :	8 4 4 6	8 4 1 5 9	4
Gender: Male	Religion:		Cast: BH	ANGI	Physic	al Disability		ICARLE	
		TIINDO	Cast. Diri	ANGI	Filysic	al Disability	NOTALL	IOABLE	
Correspondence A		SAR							
			440005	F	1 <b>D</b>				
City KOLHAPUR		PIN Code	e: 416225	Email	טו: mana	vircollege@gm	iaii.com		
	I.A. 2.SEP.25				Fees to F	Pay ₹: 6 4 5		( Uni.Fee. 6	45)
1 000 20141101					1 003 10 1	ay (. O + O		( 011111 00. 0	
<b>SEM V</b> Th:430 (U	ni.Fee:430), <b>St</b>	<b>M VI</b> Th:215 (Ur	ni.Fee:215)						
Subject Details : 3/5 80241 Busines	s Regulatory Fra	mework Paper I(	Cr. 2	3/5 80242	Modern Ma	anagement Pract	tices Paper	I Cr. 2	
3/5 80244 Advance	ed Accountancy	- Paper I Cr. 2		3/5 80245	Advanced	Accountancy - P	aper II Cr.	2	
3/6 80272 Modern	Management Pr	actices Paper II C	Cr. 2	3/6 80275	Advanced	Accountancy Pa	per IV (Tax	ation)Cr. 2	
Optional Subjects:								Exam Fee Practicle I Env. Fee MS Fee	-
									645
Declaration: I here knowledge and be liable to be cancelled	elief. I underst								
Place:	Date:	Student's Signa (Please sign st		x shown belo	w)	Principal's Sigr (Please sign in			
Specimen Sigature:			,		,			- ,	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	50002	5 3
The DIRECTOR, I	BOARD OF EX	AMINATIONS AND EVALUA	TION,SHIVAJ	I UNIVERS	ITY,KOLHAPUR		
Sir,I request the papers mentioned	•	present myself at the B.C	om (CBCS)	3 Sem VI	exam to be he	eld in Oct-2025	for the
PRN: 2020014718	8 College	e: Mahavir Mahavidyalaya,k	Colhapur. , KC	OLHAPUR			
Personal Information Full Name: ! P. Write Name in De	ATIL PRANOT			М	obile NO : 8	2620273	8 3
Gender: Female	Religion:	HINDU Cast: Ma	aratha	Physica	al Disability NO	T APPLICABLE	
Correspondence A	ddress:						
NAVIN PLOT NIT	WADE						
City KOLHAPUR		PIN Code: 416001	Email I	I <b>D:</b> patilpr	anoti789@gmail.	com	
Study Center: N	I.A.						
Fees Details: 0	2.SEP.25			Fees to P	ay ₹: 4 3 0	( Uni.Fe	e. 430)
<b>SEM V</b> Th:215 (Ui	ni.Fee:215), <b>SE</b>	<b>M VI</b> Th:215 (Uni.Fee:215)					
Subject Details : 3/5 80241 Busines	s Regulatory Fra	mework Paper I Cr. 2	3/5 80244	Advanced A	Accountancy - Pape	er I Cr. 2	
3/5 80245 Advance	ed Accountancy -	Paper II Cr. 2	3/6 80275	Advanced A	Accountancy Paper	IV (Taxation) Cr.	2
Optional Subjects:						Exam Fo Practi Env. MS	icle Fee - Fee -
							430
	elief. I underst	at all statements made in and that in the event of a					
Place:	Date:	Student's Signature (Please sign strictly in the bo	ox shown below		Principal's Signatu (Please sign in the		v)
Specimen Sigature:				-	. •		•



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



То,						Form No. :	5	00015	2
The DIRECTOR,	BOARD OF EX	XAMINATIONS A	AND EVALUATION	N,SHIVAJI	UNIVERS	ITY,KOLHAF	PUR		
Sir,I request the papers mentioned	-	present mysel	f at the B.Com	(CBCS) 3	Sem VI	exam to b	e held in	Oct-2025 f	or the
<b>PRN:</b> 202001649	1 Colleç	ge: Mahavir Ma	havidyalaya,Kolh	apur.,KO	LHAPUR				
Personal Information	on :				М	obile NO :	9 7 6	3 0 6 4 2 5	5 2
Full Name: PA	ATIL SHASHV	AT SHASHIKAN	IT						
Write Name in De	evanagari (Ma	rathi):							
Gender: Male	Religion:	HINDU	Cast: Marath	na	Physica	al Disability	NOT APF	PLICABLE	
Correspondence A	ddress:								
A/P. PISHAVI									
City KOLHAPUR		PIN Code	e: 416213	Email II	<b>):</b> shash	vatpatil101@	gmail.con	n	
Study Center: N	1.A.								
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: <b>2</b> 1 <b>5</b>		( Uni.Fee.	215)
<b>SEM V</b> Th:215 (U	ni.Fee:215)								,
Subject Details : 3/5 80245 Advance	ed Accountancy	- Paper II Cr. 2							
Optional Subjects:	:			_				Exam Fee Practicle Env. Fe MS Fe	ee -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I unders								
Place:	Date:	Student's Sign				Principal's Sig	•		
Specimen Sigature:		(Please sign s	trictly in the box sh	IOWN DEIOW		(Please sign i	ii the box s	GIOWN DEIOW)	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	4 9	99734	ļ
The DIRECTOR,	BOARD OF EX	AMINATIONS AND EVALUA	ATION,SHIVAJ	I UNIVERSI	ITY,KOLHAP	UR		
Sir,I request the papers mentioned		present myself at the B.0	Com (CBCS)	3 Sem VI	exam to be	e held in O	ct-2025 fo	or the
<b>PRN:</b> 2019021134	1 College	e: Mahavir Mahavidyalaya,	Kolhapur. , Ko	OLHAPUR				
Personal Information	on :			M	obile NO :	8 0 8 0	7 0 9 3 7	0
Full Name: ! P	ATIL VEDIKA	BHARATESHWAR						
Write Name in De	vanagari (Mar	athi): 						
Gender: Female	Religion:	HINDU Cast: J	AIN	Physica	al Disability	NOT APPLI	CABLE	
Correspondence A	ddress:							
PIRGONDA GALL	I KUMBHOJ							
<b>City</b> KOLHAPUR		<b>PIN Code:</b> 416119	Email	ID: Vedika	abpatil7022@	gmail.com		
Study Center: N	I.A.							
Fees Details:				Fees to Pa	ay ₹: <b>0</b>		( Uni.Fee. (	0)
SEM IV), SEM V),	SEM VI)							/
Subject Details : 2/4 73521 Corpora	te Accounting Pa	per-II Cr. 2	2/4 73522	Macro Econ	omics Paper-I	I Cr. 2		
3/5 80240 Busines	s Environment (I	ndian Eco.Env.) Paper I Cr. 2	3/5 80241	Business Re	egulatory Fram	nework Paper	I Cr. 2	
3/5 80242 Modern	Management Pr	actices Paper I Cr. 2	3/5 80243	Co-operative	e Developmen	t Paper I Cr.	2	
3/5 80254 Taxation	Paper - I Cr. 2		3/5 80255	Taxation Pa	aper - II Cr. 2			
3/6 97518 Busines	s Environment (I	ndian Eco.Env.) Paper II Cr.	3/6 97519	Business Re	egulatory Fram	nework Paper	II Cr. 2	
3/6 97520 Modern	Management Pr	actices Paper II Cr. 2	3/6 97521	Co-operative	e Developmen	t Paper II Cr.	2	
Optional Subjects:							Exam Fe Practicle Env. Fe MS Fee	Fee -
	elief. I underst	at all statements made in and that in the event of			-			-
Place:	Date:	Student's Signature (Please sign strictly in the b	ox shown belo		Principal's Sig (Please sign ir			
Specimen Sigature:		. 3		,				



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	5000210
The DIRECTOR,	BOARD OF EX	KAMINATIONS AND EVALUA	ATION,SHIVAJ	I UNIVERS	SITY,KOLHAPUR	
Sir,I request the papers mentione	•	present myself at the B.C	Com (CBCS)	3 Sem VI	exam to be he	ld in Oct-2025 for the
PRN: 202001329	1 Colleg	e: Mahavir Mahavidyalaya,	Kolhapur. , K0	DLHAPUR		
Personal Information		DA I MADUTI		M	lobile NO : 9	0 2 2 0 3 4 4 8 7
	ATIL PRUTHVI					
Write Name in De	evanagari (Mai	rathi):				
Gender: Male	Religion:	HINDU Cast: M	aratha	Physic	al Disability NO	ΓAPPLICABLE
Correspondence A	ddress:					
AP AASAGON						
City KOLHAPUR		<b>PIN Code</b> : 416001	Email I	<b>D</b> : maha	vircollege@gmail.	com
Study Center: N	N.A.					
Fees Details: 0	2.SEP.25			Fees to P	Pay ₹: 4 3 0	( Uni.Fee. 430)
<b>SEM V</b> Th:215 (U	ni.Fee:215), <b>S</b> l	<b>EM VI</b> Th:215 (Uni.Fee:215)				,
Subject Details : 3/5 80241 Busines	ss Regulatory Fra	amework Paper I Cr. 2	3/5 80244	Advanced A	Accountancy - Pape	r I Cr. 2
3/6 80271 Busines	ss Regulatory Fra	amework Paper II Cr. 2	3/6 80272	Modern Ma	nagement Practices	Paper II Cr. 2
Optional Subjects	:					Exam Fee 430 Practicle Fee - Env. Fee - MS Fee -
	elief. I unders	at all statements made in tand that in the event of			•	correct to the best of my
Place:	Date:	Student's Signature (Please sign strictly in the b	ox shown belov		Principal's Signatu (Please sign in the	
Specimen Sigature:						

7801 Bachelor of Comm. (CBCS)



### SHIVAJI UNIVERSITY, KOLHAPUR

### Application Form for B.Com (CBCS) 3 Sem VI



Examination, Oct-2025

To,						Form No.	5	0002	0 5
The DIRECTOR,	, BOARD OF EX	XAMINATIONS	AND EVALUATION	ON,SHIVAJI U	NIVERSI	TY,KOLHAF	PUR		
Sir,I request the papers mentione	•	present myse	elf at the B.Con	n (CBCS) 3 S	Sem VI	exam to b	e held in	Oct-2025	for the
PRN: 202001326	69 Colleg	ge: Mahavir M	lahavidyalaya,Kol	hapur. , KOLI	HAPUR				
Personal Informat	ion :				Mo	bile NO :	9 3 5	68378	3 7 9
Full Name: F	PATIL SHUBHA	M MAHADEV							
Write Name in D	evanagari (Ma	rathi):							
Gender: Male	Religion:	HINDU	Cast: Mara	ntha	Physica	l Disability	NOT AP	PLICABLE	
Correspondence A	Address:								
AP BORPARLE									
City KOLHAPUR	<b>!</b>	PIN Co	<b>de</b> : 416226	Email ID:	mahav	ircollege@g	mail.com		
Study Center:	N.A.								
Fees Details:	02.SEP.25			F	ees to Pa	y ₹: 2 1 5		( Uni.Fe	e. 215)
SEM V Th:215 (U	Jni.Fee:215)								
3/5 80245 Advand	ced Accountancy	- Paper II Cr. 2							
Optional Subjects	<b>s:</b>								icle Fee Fee
									21
Declaration: I here knowledge and be liable to be cancel	elief. I unders								
Place:	Date:	Student's Sig (Please sign	gnature strictly in the box	shown below)		rincipal's Si Please sign i	_	Seal shown below	v)
Specimen Sigature:			<u> </u>	,					,



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	5000243
The DIRECTOR,	BOARD OF EX	(AMINATIONS AND EVALU	JATION,SHIVAJ	I UNIVERS	ITY,KOLHAPUR	
Sir,I request the papers mentione	•	present myself at the B	.Com (CBCS)	3 Sem VI	exam to be he	eld in Oct-2025 for the
PRN: 202001464	4 Colleg	e: Mahavir Mahavidyalaya	a,Kolhapur. , K0	OLHAPUR		
Personal Informati Full Name: ! F Write Name in De	PATIL SNEHA S			М	obile NO : 9	3 7 1 7 8 1 7 1 7
Gender: Female	Religion:	JAIN Cast:	JAIN	Physica	al Disability NO	OT APPLICABLE
Correspondence A	ddress:					
AP CHINCHWAD	1					
City KOLHAPUR		<b>PIN Code:</b> 416229	Email I	I <b>D</b> : maha	vircollege@gmail	l.com
Study Center:	N.A.					
Fees Details: 0	2.SEP.25			Fees to P	ay ₹: <b>2</b> 1 5	( Uni.Fee. 215)
<b>SEM V</b> Th:215 (U	ni.Fee:215)					
Subject Details: 3/5 80241 Busines	ss Regulatory Fra	amework Paper I Cr. 2	3/5 80242	Modern Ma	nagement Practice	es Paper I Cr. 2
3/5 80245 Advanc	ed Accountancy	- Paper II Cr. 2	•			
Optional Subjects	:					Exam Fee 215 Practicle Fee Env. Fee MS Fee
						215
	elief. I underst					correct to the best of my correct, my candidature is
Place:	Date:	Student's Signature (Please sign strictly in the	box shown below		Principal's Signati (Please sign in the	ure & Seal e box shown below)
Specimen Sigature:				-	· •	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :		50002	2 2
The DIRECTOR, I	BOARD OF E	XAMINATIONS	AND EVALUA	TION,SHIVAJI	UNIVERS	ITY,KOLHAF	PUR		
Sir,I request the papers mentioned	-	o present myse	elf at the B.C	om (CBCS) 3	Sem VI	exam to b	e held	in Oct-202	5 for the
PRN: 2020016397	7 Colle	ge: Mahavir M	ahavidyalaya,ł	Kolhapur. , KC	LHAPUR				
Personal Information	on :				М	obile NO :	9 3	0 7 7 3 5	1 9 6
Full Name: ! R	AVAL SAKS	HI SAGAR							
Write Name in De	vanagari (Ma	rathi):							
Gender: Female	Religion	: HINDU	Cast: Ot	her	Physica	al Disability	NOT A	PPLICABLE	<u> </u>
Correspondence A	ddress:								
A/P. NIGAVE DUM	MALA, TAL. K	ARVEER							
City KOLHAPUR		PIN Co	de: 416229	Email II	D: mahav	/ircollege@y	ahoo.co	m	
Study Center: N	I.A.								
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: 2 1 5		( Uni.F	ee. 215)
<b>SEM V</b> Th:215 (Ui	ni.Fee:215)								
Subject Details :									
3/5 80244 Advance	ed Accountancy	r - Paper I Cr. 2		3/5 80245	Advanced A	ccountancy -	Paper II	Cr. 2	
Optional Subjects:								En	Fee 215 cticle Fee - v. Fee - S Fee -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I unders								
Place:	Date:	Student's Sig (Please sign	nature strictly in the bo	ox shown below		Principal's Sig (Please sign i			 ow)
Specimen Sigature:									



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	. 5	00021	7
The DIRECTOR,	BOARD OF E	XAMINATIONS A	ND EVALUATIO	N,SHIVAJI U	JNIVERS	ITY,KOLHAF	PUR		
Sir,I request the papers mentione		o present myself	at the B.Com	(CBCS) 3	Sem VI	exam to b	e held i	n Oct-2025	for the
PRN: 202001647	75 Colle	ge: Mahavir Mal	navidyalaya,Kolh	apur. , KOL	HAPUR				
Personal Informat	ion :				М	obile NO :	9 3 7	0 3 1 2 5	9 5
Full Name: R	RAYAT SAMME	D BABASO							
Write Name in D	evanagari (Ma	rathi):							
Gender: Male	Religion	: JAIN	Cast: JAIN		Physica	al Disability	NOT AF	PLICABLE	
Correspondence A	Address:								
A/P VALIVADE, I	KOLHAPUR								
City KOLHAPUR		PIN Code	e: 416119	Email ID:	: maha\	/ircollege@y	ahoo.con	n	
Study Center:	N.A.								
Fees Details:	02.SEP.25			i	ees to P	ay ₹: 2 1 5		( Uni.Fee	e. 215)
<b>0511.1</b> 1 045 (1	045)								
<b>SEM VI</b> Th:215 (	Uni.Fee:215)								
Subject Details: 3/6 80275 Advance	red Accountancy	Paner IV (Taxation	1) Cr 2						
		T apor TV (Taxation		_					
Optional Subjects	<b>s</b> :							Exam Fe	ee 215
								Praction Env.	cle Fee -
								MS F	
									215
Declaration: I her knowledge and b liable to be cancell	elief. I unders								
	1	Student's Sign	ature			Principal's Si	gnature &	Seal	
Place:	Date:	(Please sign st	rictly in the box s	hown below)		(Please sign i	n the box	shown below	)
Specimen Sigature:									



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	4999953
The DIRECTOR	R, BOARD OF E	XAMINATIONS A	AND EVALUATION,	SHIVAJI UNIVE	RSITY,KOLHAPUR	
Sir,I request th papers mention	-	present myse	If at the B.Com (0	CBCS) 3 Sem	VI exam to be he	eld in Oct-2025 for the
PRN: 20200056	620 <b>Colle</b>	ge: Mahavir Ma	ahavidyalaya,Kolhap	ur., KOLHAPI	JR	
Personal Informa	ation :				Mobile NO: 7	4 4 7 4 2 7 5 5 7
Full Name:	ROKADE VAIBI	HAV VIJAY				
Write Name in	Devanagari (Ma	rathi):				
Gender: Male	Religion	: HINDU	Cast: Maratha	Phy	sical Disability NO	TAPPLICABLE
Correspondence	Address:					
39,E WARD, BI	HOSALEWADI					
City KOLHAPUI	R	PIN Cod	le: 416003	Email ID: ma	ahavircollege@yahoo	o.com
Study Center:	N.A.					
Fees Details:	02.SEP.25			Fees	o Pay ₹: <b>4 3 0</b>	( Uni.Fee. 430)
<b>SEM V</b> Th:215 (	(Uni.Fee:215), <b>S</b>	<b>EM VI</b> Th:215 (U	Jni.Fee:215)			
Subject Details : 3/5 80245 Advar	nced Accountancy	- Paper II Cr. 2	3/6	80275 Advanc	ed Accountancy Paper	IV (Taxation ) Cr. 2
Optional Subject	ts:					Exam Fee 430 Practicle Fee - Env. Fee - MS Fee -
						430
	belief. I unders					correct to the best of my correct, my candidature is
Place:	Date:	Student's Sign (Please sign s	nature strictly in the box sho	wn below)	Principal's Signatu (Please sign in the	ıre & Seal box shown below)
Specimen Sigature:						



Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,					Form No. :	5 (	000254	
The DIRECTOR,	BOARD OF EX	XAMINATIONS AN	D EVALUATION	I,SHIVAJI UI	NIVERSITY,KOLHAF	PUR		
Sir,I request the papers mentione	-	present myself a	at the B.Com	(CBCS) 3 S	Sem VI exam to b	e held in	Oct-2025 fo	r the
PRN: 202001472	9 Colleç	ge: Mahavir Maha	vidyalaya,Kolha	pur. , KOLH	IAPUR			
Personal Informati	ion :				Mobile NO :	7 4 9 9	7 2 8 3 8	1
Full Name: ! \$	SALOKHE SE	EMA SARJERAO						
Write Name in D	evanagari (Ma	rathi):						_
Gender: Female	Religion:	HINDU	Cast: Marath	a	Physical Disability	NOT APP	LICABLE	
Correspondence A	Address:							
VARWE GALLI N	IITAWADE							
City KOLHAPUR		PIN Code:	416224	Email ID:	Salokheseema55@	gmail.com	1	
Study Center:	N.A.							
Fees Details:	02.SEP.25			F	ees to <b>Pay</b> ₹: <b>2 1 5</b>		( Uni.Fee. 2	15)
SEM V Th:215 (U Subject Details : 3/5 80245 Advance	·	- Paper II Cr. 2						
Optional Subjects	:					-	Exam Fee Practicle I Env. Fee MS Fee	
	elief. I unders				are true complete a			of my
Place:	Date:	Student's Signate (Please sign stric		own below)	Principal's Sig (Please sign i	_		
Specimen Sigature:								



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5	000242	<u>?</u>
The DIRECTOR,	BOARD OF EX	(AMINATIONS AN	D EVALUAT	ION,SHIVAJ	UNIVERS	ITY,KOLHAP	UR		
Sir,I request the papers mentione	•	present myself	at the B.Co	m (CBCS)	3 Sem VI	exam to be	e held in	Oct-2025 fo	or the
PRN: 202001464	1 Colleg	e: Mahavir Maha	vidyalaya,Ko	olhapur. , K0	LHAPUR				
Personal Information	on :				M	obile NO :	9665	5 5 1 0 9 2	5
Full Name: ! S	SANKANNA TE	EJASVINI PRAKA	SH						
Write Name in De	evanagari (Mar	athi):							_
Gender: Female	Religion:	JAIN	Cast: JAI	N	Physica	al Disability	NOT APP	LICABLE	
Correspondence A	ddress:								
AP CHINCHWAD	NEAR JAIN M	ANDIR							
City KOLHAPUR		PIN Code:	416224	Email I	D: mahav	vircollege@gı	mail.com		
Study Center:	N.A.								
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: <b>4 3</b> 0		( Uni.Fee. 4	130)
SEM V Th:215 (U	ni.Fee:215), <b>St</b>	<b>EM VI</b> Th:215 (Uni	Fee:215)						
Subject Details :	,,								
3/5 80245 Advance	ed Accountancy	- Paper II Cr. 2		3/6 80271	Business Re	egulatory Fran	nework Pap	er II Cr. 2	
3/6 80275 Advance	ed Accountancy	Paper IV (Taxation )	Cr. 2						
Optional Subjects	:						Г	Exam Fee	430
								Practicle	Fee -
								Env. Fe MS Fee	
									430
Declaration: I here knowledge and be liable to be cancelled	elief. I underst								
Place:	Date:	Student's Signat		r chown hole:		Principal's Sig (Please sign in	•		
Specimen Sigature:		(Fiedse Sigii Stric	ony in the box	silowii belov		r iease siyii II	i tile bux Si	iowii below)	
		1			1				



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5 0	0021	1
The DIRECTOR,	BOARD OF EX	AMINATIONS A	ND EVALUAT	TON,SHIVAJ	UNIVERS	ITY,KOLHAP	UR		
Sir,I request the papers mentione	•	present myself	at the B.Co	om (CBCS)	3 Sem VI	exam to be	held in (	Oct-2025	for the
PRN: 202001329	6 College	e: Mahavir Mah	navidyalaya,K	olhapur.,K0	DLHAPUR				
Personal Informati	on :				N	lobile NO :	9 3 5 9	4 2 0 3	3 2
Full Name: S	ARVADE AKSH	AY SATISH							
Write Name in De	evanagari (Mara	athi):							
Gender: Male	Religion:	HINDU	Cast: MA	HAR	Physic	al Disability	NOT APPL	ICABLE	
Correspondence A	ddress:								
SHRI RAM NAGA	AR SHIYE								
City KOLHAPUR		PIN Code	: 416557	Email I	<b>D:</b> maha	vircollege@gn	nail.com		
Study Center:	N.A.								
Fees Details: 0	02.SEP.25				Fees to P	ay ₹: 4 3 0		( Uni.Fee.	. 430)
SEM V Th:215 (U Subject Details : 3/5 80245 Advance	· · · · · · · · · · · · · · · · · · ·		ni.Fee:215)	3/6 80275	Advanced A	Accountancy Pa	iper IV (Taxa	ation)Cr. 2	
Optional Subjects	:							Exam Fee Practicl Env. F MS Fe	le Fee - ee -
									430
Declaration: I here knowledge and be liable to be cancelled	elief. I understa								
Place:	Date:	Student's Signa (Please sign st		x shown belov	v)	Principal's Sig (Please sign in			
Specimen Sigature:									



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	5	00028	3
The DIRECTOR,	BOARD OF E	XAMINATIONS AI	ND EVALUATION	N,SHIVAJI	UNIVERS	ITY,KOLHAF	PUR		
Sir,I request the papers mentioned	•	o present myself	at the B.Com	(CBCS) 3	Sem VI	exam to b	e held ir	n Oct-2025	for the
PRN: 202001672	7 Colle	ge: Mahavir Mah	avidyalaya,Kolha	apur. , KOl	LHAPUR				
Personal Information	on :				M	obile NO :	9 3 7	0 3 6 4 8	4 8
Full Name: SA	AWANT RUS	HIKESH SHASHIR	KANT						
Write Name in De	evanagari (Ma	nrathi):							
Gender: Male	Religion	: HINDU	Cast: Marath	а	Physica	al Disability	NOT AP	PLICABLE	
Correspondence A	ddress:								
C WARD HUJUR	GALLI SHIVA	JI ROAD							
City KOLHAPUR		PIN Code	: 416224	Email ID	): Mahav	vircollege@g	mail.com		
Study Center: N	I.A.								
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: <b>2</b> 1 5		( Uni.Fee	. 215)
<b>SEM VI</b> Th:215 (U	Jni.Fee:215)								,
Subject Details : 3/6 80275 Advance	ed Accountancy	/ Paper IV (Taxation	) Cr. 2						
Optional Subjects:	:			-				Exam Fee Practic Env. F MS Fe	le Fee - ee -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I under								
Place:	Date:	Student's Signa		anna balans		Principal's Sig	•		
Specimen Sigature:		(Please sign str	ictly in the box sh	own below)		Please sign i	n the box	shown below)	



### Application Form for B.Com (CBCS) 3 Sem VI

Examination, Oct-2025 7801 Bachelor of Comm. (CBCS)



5000272 Form No.: To,

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

Sir,I request the permission to present myself at the B.Com (CBCS) 3 Sem VI exam to be held in Oct-2025 for the papers mentioned below. PRN: 2020016383 College: Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR Personal Information: Mobile NO: 7 8 8 7 7 5 4 5 9 0 **SHAIKH REHAN VASIM Full Name:** Write Name in Devanagari (Marathi): Physical Disability NOT APPLICABLE Gender: Male Religion: MUSLIM Cast: MUSLIM Correspondence Address: 2504 D WARD, JUNA BUDHWAR PETH, KOLHAPUR **City KOLHAPUR** PIN Code: 416002 **Email ID:** mahavircollege@gmail.com Study Center: N.A. Fees Details: 02.SEP.25 (Uni.Fee. 215) Fees to **Pay** ₹: **2 1 5 SEM VI** Th:215 (Uni.Fee:215) Subject Details: 3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2 **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. Student's Signature Principal's Signature & Seal Place: Date: (Please sign strictly in the box shown below) (Please sign in the box shown below) **Specimen** Sigature:



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :		500021	I 6
The DIRECTOR,	BOARD OF E	XAMINATIONS AN	ND EVALUATIO	N,SHIVAJI	UNIVERS	ITY,KOLHAP	UR		
Sir,I request the papers mentione	-	present myself	at the B.Com	(CBCS) 3	Sem VI	exam to be	e held i	n Oct-2025	for the
<b>PRN:</b> 202001647	3 Colle	ge: Mahavir Mah	avidyalaya,Kolh	apur. , KO	LHAPUR				
Personal Information	on :				М	obile NO :	9 0 7	57269	6 9
Full Name: Si	HELAKE SHU	BHAM SHIVAJI							
Write Name in De	evanagari (Ma	rathi):							
Gender: Male	Religion	: HINDU	Cast: Other		Physica	al Disability	NOT AF	PPLICABLE	
Correspondence A	ddress:								
A/P NEAR MARG	abai mandif	R, BALIVADE							
City KOLHAPUR		PIN Code	416119	Email ID	): mahav	/ircollege@ya	ahoo.cor	n	
Study Center:	N.A.								
Fees Details: 0	2.SEP.25				Fees to P	ay ₹: <b>2</b> 1 5		( Uni.Fe	e. 215)
<b>SEM VI</b> Th:215 (U	Jni.Fee:215)								
Subject Details: 3/6 80275 Advance	ed Accountancy	Paper IV (Taxation	) Cr. 2						
Optional Subjects	:			_				Exam Fe Practi Env. MS	cle Fee - Fee -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I unders								
Place:	Date:	Student's Signa		hourn holow		Principal's Sig			۸
Specimen Sigature:		(Flease Sign Str	ictly in the box si	nown below	'	(Fiedse Sign II	i tile box	shown below	



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	4	19998	13	
The DIRECTOR,	BOARD OF E	XAMINATIONS AN	D EVALUATIO	N,SHIVAJI U	_ JNIVERSI	ΓΥ,ΚOLHAF	PUR			
Sir,I request the papers mentione	•	present myself a	at the B.Com	(CBCS) 3	Sem VI	exam to b	e held i	n Oct-2025	for t	he
PRN: 202000512	26 <b>Colle</b>	ge: Mahavir Maha	vidyalaya,Kolh	napur. , KOL	HAPUR					
Personal Informat	ion :				Мо	bile NO :	9 3 5	6 2 2 9 3	3 0 0	
Full Name: !	VETALE VAISH	INAVI VILAS								
Write Name in D	evanagari (Ma	rathi):								
Gender: Female	Religion	: HINDU	Cast: Marat	ha	Physica	Disability	NOT AF	PLICABLE		
Correspondence A	Address:									
VETALE GALLI,	KASABA BAW	ADA, KOLHAPUR								
City KOLHAPUR	<u> </u>	PIN Code:	416119	Email ID	: mmk28	.cl@unishiv	aji.ac.in			
	N.A.									
Fees Details:	02.SEP.25			1	Fees to <b>Pa</b>	y ₹: 2 1 5		( Uni.Fe	e. 215)	
<b>SEM VI</b> Th:215 (	Uni.Fee:215)									_/
Subject Details: 3/6 80275 Advance	ced Accountancy	Paper IV (Taxation )	Cr. 2	_						
Optional Subjects	<b>3:</b>								icle Fee Fee	215
									2	215
	elief. I unders	hat all statements stand that in the								
Place:	Date:	Student's Signate (Please sign stric		hown below)		rincipal's Sig Please sign i	_	Seal shown below	v)	
Specimen Sigature:										



# Application Form for **B.Com (CBCS) 3 Sem VI**Examination, Oct-2025



To,						Form No. :	:	500028	3 5
The DIRECTOR,	BOARD OF I	EXAMINATIONS A	ND EVALUATIO	N,SHIVAJI U	NIVERS	ITY,KOLHAF	PUR		
Sir,I request the papers mentione		to present mysel	f at the B.Com	(CBCS) 3 S	Sem VI	exam to b	e held i	in Oct-2025	for the
PRN: 202001673	1 Colle	e <b>ge:</b> Mahavir Mal	havidyalaya,Kolha	apur. , KOLI	HAPUR				
Personal Informati	on :				M	obile NO :	9 5 9	5 8 8 2 4	4 6
Full Name: ! V	ITEKAR KRI	UPA SANJAY							
Write Name in De	evanagari (M	arathi):							
Gender: Female	Religio	n: HINDU	Cast: Other		Physica	al Disability	NOT AF	PPLICABLE	
Correspondence A	ddress:								
VICHARE MALA	KOLHAPUR								
City KOLHAPUR		PIN Code	e: 416224	Email ID:	Mahav	vircollege@g	mail.con	า	
Study Center:	N.A.								
Fees Details: 0	2.SEP.25			F	ees to P	ay ₹: 2 1 5		( Uni.Fee	e. 215)
<b>SEM VI</b> Th:215 (U	Jni.Fee:215)								
Subject Details :	-,								
3/6 80275 Advanc	ed Accountanc	cy Paper IV (Taxation	n ) Cr. 2						
Optional Subjects	:			_				Exam Fe Practi Env. MS I	cle Fee - Fee -
									215
Declaration: I here knowledge and be liable to be cancelled	elief. I under								
Place:	Date:	Student's Sign (Please sign st	ature rictly in the box sh	nown below)		Principal's Signi (Please signi	-	Seal shown below	)
Specimen Sigature:		(							,