



## SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 4 8**

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:** 2020014665 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 8 5 0 1 1 2 2 7 3**Full Name:** ! BAGWAN MAHAMMAD SALIL JAVED**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

C WARD SOMVAR PETH

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** mahavircollege@gmail.com**Study Center:** N.A.**Fees Details:** 02.SEP.25**Fees to Pay ₹:** 4 8 0 ( Uni.Fee. 480)**SEM IV** Th:215 (Uni.Fee:215), **SEM VI** Th:215, MS:50 (Uni.Fee:265)**Subject Details :**

2/4 73524 Business Statistics Paper-II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	50

**480**

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

**Place:****Date:**

**Student's Signature**  
(Please sign strictly in the box shown below)

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

**Specimen**  
**Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 8 6**

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:** 2020016820 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 6 0 7 3 6 7 8 7 0**Full Name:** CHECHAR VISHNUPRASAD BABURAO**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P. TOP, TAL. HATKANANGLE

**City** KOLHAPUR**PIN Code:** 416122**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 80244 Advanced Accountancy - Paper I 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.

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**Principal's Signature & Seal**

(Please sign in the box shown below)

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Signature:**



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Application Form for **B.Com (CBCS) 3 Sem VI**  
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7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 4 5**

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:** 2020014657 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 6 5 7 0 9 9 5 0 6**Full Name:** CHINAMDAR PRAVIN BASAPPA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI PARK

**City** KOLHAPUR**PIN Code:** 416003**Email ID:** mahavircollege@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 80241 Business Regulatory Framework Paper I 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.

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**Principal's Signature & Seal**

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Signature:**



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Form No. : **5 0 0 0 2 0 6**

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:** 2020013278 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 6 8 9 3 0 7 6 7 6**Full Name:** CHOUGALE SUJIT PRAKASH**Write Name in Devanagari (Marathi):**

**Gender:** Male **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

KHOT GALLI KOTOLI

**City** KOLHAPUR**PIN Code:** 416227**Email ID:** mahavircollege@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 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

**Optional Subjects:**

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

**215**

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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:			



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Form No. : **5 0 0 0 1 6 0**

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:** 2020016441 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 9 2 2 1 9 4 6 7 5**Full Name:** HAWALDAR SHREEPRASAD VINAY**Write Name in Devanagari (Marathi):**

**Gender:** Male **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

A/P SHIVAJI CHOUK, TALANDAGE

**City** KOLHAPUR**PIN Code:** 416236**Email ID:** mahavircollege@yahoo.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 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	-

**430**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and 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:			



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Form No. : **5 0 0 0 1 1 5**

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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:** 2020010423 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 5 7 9 3 9 3 8 5 3**Full Name:** ! JADHAV ROSHANI VIJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** LAMANI **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

POST BORI

**City** PARBHANI**PIN Code:** 431508**Email ID:** roshanijadhav153@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 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I 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.

Place:	Date:	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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Form No. : **5 0 0 0 3 3 2**

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:** 2020019120 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 4 9 8 8 3 8 8 4 9**Full Name:** ! JADHAV SWARUPA RAJARAM**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

HANUMAN NAGAR SHIYE

**City** KOLHAPUR**PIN Code:** 416005**Email ID:** mahavircollege@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 80241 Business Regulatory Framework Paper I Cr. 2

**Optional Subjects:**

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

**215**

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**Place:****Date:**

**Student's Signature**  
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**Specimen**  
**Signature:**



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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.Com (CBCS) 3 Sem VI exam to be held in Oct-2025 for the papers mentioned below.

**PRN:** 2020016376 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 7 0 4 8 7 5 7 8**Full Name:** KADAM PRUTHVIRAJ YUVRAJ**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI 14 LANE, NEAR, VIJAY BEAKARY, KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416119**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 80244 Advanced Accountancy - Paper I Cr. 2

**Optional Subjects:**

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

**215**

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**Principal's Signature & Seal**

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Signature:**





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7801 Bachelor of Comm. (CBCS)

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Form No. : **5 0 0 0 2 0 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 for the papers mentioned below.

**PRN:** 2020013289 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 4 2 0 8 2 8 1 8 3**Full Name:** KAMBLE RUSHIKESH RAJENDRA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RADHASWAMI SATSANG VALIVADE ROAD

**City** KOLHAPUR**PIN Code:** 415224**Email ID:** mahavircollege@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 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I 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.

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

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**Principal's Signature & Seal**

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7801 Bachelor of Comm. (CBCS)

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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:** 2020004777 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 8 8 8 2 4 0 1 9 8**Full Name:** KASHID UMESH RAJENDRA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** NHA VI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAI CHUKE, VALIVADE

**City** KOLHAPUR**PIN Code:** 416119**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 V** Th:215 (Uni.Fee:215)**Subject Details :**

3/5 80244 Advanced Accountancy - Paper I Cr. 2

**Optional Subjects:**

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

**215**

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

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**Principal's Signature & Seal**

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Signature:**



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7801 Bachelor of Comm. (CBCS)

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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:** 2020016486 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 5 9 5 9 6 7 8 7**Full Name:** KHEDEKAR NINAD SANJAY**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** SONAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

504/ D WARD, GANGAWASH, KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** mahavircollege@yahoo.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 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	-

**430**

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and 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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**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen****Signature:**



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Examination, Oct-2025



7801 Bachelor of Comm. (CBCS)

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Form No. : **5 0 0 0 2 8 4**

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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:** 2020016718 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 1 7 5 6 1 2 1 6 4**Full Name:** KOLI VINOD SHASHIKANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** KOLI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAMRAT CHOWK PATTAN KODOLI

**City** KOLHAPUR**PIN Code:** 416001**Email ID:** Mahavircollege@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 80244 Advanced Accountancy - Paper I Cr. 2

**Optional Subjects:**

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

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

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

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**Principal's Signature & Seal**

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**Specimen  
Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

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Examination, Oct-2025



7801 Bachelor of Comm. (CBCS)

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Form No. : **5 0 0 0 1 0 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 for the papers mentioned below.

**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)**SEM V** Th:215 (Uni.Fee:215), **SEM VI** 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

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	-

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**Student's Signature**  
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**Principal's Signature & Seal**  
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7801 Bachelor of Comm. (CBCS)

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Form No. : **4 9 9 9 8 7 6**

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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:** 2020005012 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 7 2 0 9 3 2 8 6 2**Full Name:** MANGAVE AKASH BHUJGONDA**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P. VALIVADE, NEAR JAIJINEDRA TALIM MANDAL

**City** KOLHAPUR**PIN Code:** 416119**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 V** Th:215 (Uni.Fee:215)**Subject Details :**

3/5 80244 Advanced Accountancy - Paper I Cr. 2

**Optional Subjects:**

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

**215**

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

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**Principal's Signature & Seal**

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Signature:**



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7801 Bachelor of Comm. (CBCS)

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Form No. : **5 0 0 0 2 5 7**

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:** 2020016381 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 6 6 8 7 8 4 2 0 6**Full Name:** MUNASE TANUJ ULHAS**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1038/A-7, SAI-SIDDHI PARK, RADHANAGARI ROAD, KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416012**Email ID:** mahavircollege@yahoo.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 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/6 80274 Advanced Accountancy Paper III Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	-

**430**

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

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



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 1 2 0**

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:** 2020010444 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 6 2 0 8 5 3 1 1 7**Full Name:** NAIK SAMARTH AMARDEEP**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 21 YAASHAVANT COLONY

**City** KOLHAPUR**PIN Code:** 416229**Email ID:** mahavircollege@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 80244 Advanced Accountancy - Paper I 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.

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**





# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

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

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:** 2020015953 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 6 0 5 5 0 0 6 5 4**Full Name:** NILKANTH SANDESH ARJUN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** GURAV**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR KAGLWADI KILL BAWADA

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** mahavircollege@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 80241 Business Regulatory Framework Paper I 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.

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 8 2**

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:** 2020016814 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 6 2 5 9 4 2 4 3 4**Full Name:** ! PADALKAR MANALI KISHOR**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** KUMBHAR **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

883, D WARD, SOMWAR PETH, KUMBHAR GALLI,

**City** KOLHAPUR**PIN Code:** 416002**Email ID:** manalipadalkar05@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 80245 Advanced Accountancy - Paper II 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.

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **4 9 9 9 8 4 1**

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:** 2020004766 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :**

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

**Full Name:** PARIT ABHISHEK DIGAMBAR

**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Male **Religion:** HINDU **Cast:** PARIT **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

A/P MOUJE VADGAON, HATKANANGLE

**City** KOLHAPUR

**PIN Code:** 416122

**Email ID:** abhijitparit101@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 80244 Advanced Accountancy - Paper I 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.

**Place:**

**Date:**

**Student's Signature**  
(Please sign strictly in the box shown below)

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

**Specimen  
Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

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

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:** 2020014598 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 4 4 6 8 4 1 5 9 4**Full Name:** PARMAR VISHNU NARESH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** BHANGI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BREAK NO 120/24 GANDHINAGAR

**City** KOLHAPUR**PIN Code:** 416225**Email ID:** mahavircollege@gmail.com**Study Center:** N.A.**Fees Details:** 02.SEP.25**Fees to Pay ₹:** 6 4 5 (Uni.Fee. 645)**SEM V** Th:430 (Uni.Fee:430), **SEM VI** Th:215 (Uni.Fee:215)**Subject Details :**

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

Exam Fee	645
Practicle Fee	-
Env. Fee	-
MS Fee	-

**645**

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

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



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 5 3**

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:** 2020014718 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 2 6 2 0 2 7 3 8 3**Full Name:** ! PATIL PRANOTI NIVRUTI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NAVIN PLOT NITWADE

**City** KOLHAPUR**PIN Code:** 416001**Email ID:** patilpranoti789@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 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	-

**430**

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

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



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 1 5 2**

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:** 2020016491 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 7 6 3 0 6 4 2 5 2**Full Name:** PATIL SHASHVAT SHASHIKANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P. PISHAVI

**City** KOLHAPUR**PIN Code:** 416213**Email ID:** shashvatpatil101@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 80245 Advanced Accountancy - Paper II 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.

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**



## SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

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

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:** 2019021134 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 8 0 8 0 7 0 9 3 7 0**Full Name:** ! PATIL VEDIKA BHARATESHWAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** JAIN **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

PIRGONDA GALLI KUMBHOJ

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** Vedikabpatil7022@gmail.com**Study Center:** N.A.**Fees Details:****Fees to Pay ₹:** 0 (Uni.Fee. 0)**SEM IV), SEM V), SEM VI)****Subject Details :**

2/4 73521 Corporate Accounting Paper-II Cr. 2

2/4 73522 Macro Economics Paper-II Cr. 2

3/5 80240 Business Environment (Indian Eco.Env.) Paper I Cr. 2

3/5 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80243 Co-operative Development Paper I Cr. 2

3/5 80254 Taxation Paper - I Cr. 2

3/5 80255 Taxation Paper - II Cr. 2

3/6 97518 Business Environment (Indian Eco.Env.) Paper II Cr. 2

3/6 97519 Business Regulatory Framework Paper II Cr. 2

3/6 97520 Modern Management Practices Paper II Cr. 2

3/6 97521 Co-operative Development Paper II Cr. 2

**Optional Subjects:**

Exam Fee -  
Practice Fee -  
Env. Fee -  
MS Fee -

**0**

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

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 1 0**

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:** 2020013291 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 2 2 0 3 4 4 8 7**Full Name:** PATIL PRUTHVIRAJ MARUTI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AP AASAGON

**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 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80244 Advanced Accountancy - Paper I Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80272 Modern Management Practices Paper II Cr. 2

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	-

**430**

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

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





# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 0 5**

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:** 2020013269 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

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

AP BORPARLE

**City** KOLHAPUR**PIN Code:** 416226**Email ID:** mahavircollege@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 80245 Advanced Accountancy - Paper II 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.

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 4 3**

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:** 2020014644 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 7 1 7 8 1 7 1 7**Full Name:** ! PATIL SNEHA SUDARSHAN**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Female**Religion:** JAIN**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AP CHINCHWAD

**City** KOLHAPUR**PIN Code:** 416229**Email ID:** mahavircollege@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 80241 Business Regulatory Framework Paper I Cr. 2

3/5 80242 Modern Management Practices Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II 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.

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



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 2 2**

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:** 2020016397 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 0 7 7 3 5 1 9 6**Full Name:** ! RAVAL SAKSHI SAGAR**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** Other **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

A/P. NIGAVE DUMALA, TAL. KARVEER

**City** KOLHAPUR**PIN Code:** 416229**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 80244 Advanced Accountancy - Paper I Cr. 2

3/5 80245 Advanced Accountancy - Paper II 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.

**Place:****Date:**

**Student's Signature**  
(Please sign strictly in the box shown below)

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

**Specimen**  
**Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

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

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:** 2020016475 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 7 0 3 1 2 5 9 5**Full Name:** RAYAT SAMMED BABASO**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** JAIN**Cast:** JAIN**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P VALIVADE, KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** mahavircollege@yahoo.com**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 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.

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**

	<b>SHIVAJI UNIVERSITY, KOLHAPUR</b> Application Form for <b>B.Com (CBCS) 3 Sem VI</b> Examination, Oct-2025											
		7801 Bachelor of Comm. (CBCS)										
To,		Form No. : <b>4 9 9 9 9 5 3</b>										
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.												
<b>PRN:</b> 2020005620 <b>College:</b> Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR												
<b>Personal Information :</b> <span style="float: right;"><b>Mobile NO :</b> 7 4 4 7 4 2 7 5 5 7</span> <b>Full Name:</b> ROKADE VAIBHAV VIJAY <b>Write Name in Devanagari (Marathi):</b> _____												
<b>Gender:</b> Male <b>Religion:</b> HINDU <b>Cast:</b> Maratha <b>Physical Disability</b> NOT APPLICABLE												
<b>Correspondence Address:</b> 39, E WARD, BHOSALEWADI  <b>City</b> KOLHAPUR <b>PIN Code:</b> 416003 <b>Email ID:</b> mahavircollege@yahoo.com												
<b>Study Center:</b> N.A.												
<b>Fees Details:</b> 02.SEP.25      Fees to Pay ₹: <b>4 3 0</b> ( Uni.Fee. 430)												
<b>SEM V</b> Th:215 (Uni.Fee:215), <b>SEM VI</b> Th:215 (Uni.Fee:215)												
<b>Subject Details :</b> 3/5 80245 Advanced Accountancy - Paper II Cr. 2      3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2												
<b>Optional Subjects:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Exam Fee</td> <td style="text-align: right;">430</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;"><b>430</b></td> </tr> </table>	Exam Fee	430	Practicle Fee	-	Env. Fee	-	MS Fee	-	<b>430</b>	
Exam Fee	430											
Practicle Fee	-											
Env. Fee	-											
MS Fee	-											
<b>430</b>												
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.												
<b>Place:</b>	<b>Date:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Student's Signature</b> (Please sign strictly in the box shown below)</td> <td style="width: 50%;"><b>Principal's Signature &amp; Seal</b> (Please sign in the box shown below)</td> </tr> <tr> <td style="height: 40px;"><b>Specimen Signature:</b></td> <td></td> </tr> </table>	<b>Student's Signature</b> (Please sign strictly in the box shown below)	<b>Principal's Signature &amp; Seal</b> (Please sign in the box shown below)	<b>Specimen Signature:</b>							
<b>Student's Signature</b> (Please sign strictly in the box shown below)	<b>Principal's Signature &amp; Seal</b> (Please sign in the box shown below)											
<b>Specimen Signature:</b>												



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 5 4**

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:** 2020014729 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 7 4 9 9 7 2 8 3 8 1**Full Name:** ! SALOKHE SEEMA SARJERAO**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

VARWE GALLI NITAWADE

**City** KOLHAPUR**PIN Code:** 416224**Email ID:** Salokheseema55@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 80245 Advanced Accountancy - Paper II 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.

**Place:****Date:**

**Student's Signature**  
(Please sign strictly in the box shown below)

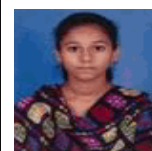
**Principal's Signature & Seal**  
(Please sign in the box shown below)

**Specimen**  
**Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 4 2**

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:** 2020014641 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 6 6 5 5 1 0 9 2 5**Full Name:** ! SANKANNA TEJASVINI PRAKASH**Write Name in Devanagari (Marathi):**

**Gender:** Female **Religion:** JAIN **Cast:** JAIN **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

AP CHINCHWAD NEAR JAIN MANDIR

**City** KOLHAPUR**PIN Code:** 416224**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 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80271 Business Regulatory Framework Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	-

**430**

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

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



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 1 1**

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:** 2020013296 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 5 9 4 2 0 3 3 2**Full Name:** SARVADE AKSHAY SATISH**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHRI RAM NAGAR SHIYE

**City** KOLHAPUR**PIN Code:** 416557**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 80245 Advanced Accountancy - Paper II Cr. 2

3/6 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

Exam Fee	430
Practicle Fee	-
Env. Fee	-
MS Fee	-

**430**

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

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**





# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 8 3**

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:** 2020016727 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 7 0 3 6 4 8 4 8**Full Name:** SAWANT RUSHIKESH SHASHIKANT**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

C WARD HUJUR GALLI SHIVAJI ROAD

**City** KOLHAPUR**PIN Code:** 416224**Email ID:** Mahavircollege@gmail.com**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 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.

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

(Please sign strictly in the box shown below)

**Principal's Signature & Seal**

(Please sign in the box shown below)

**Specimen  
Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

Form No. : **5 0 0 0 2 7 2**

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**Full Name:** SHAIKH REHAN VASIM**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Male **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

**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**Fees to Pay ₹:** 2 1 5 (Uni.Fee. 215)**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.

**Place:****Date:**

**Student's Signature**  
(Please sign strictly in the box shown below)

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

**Specimen**  
**Signature:**



# SHIVAJI UNIVERSITY, KOLHAPUR

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



7801 Bachelor of Comm. (CBCS)

To,

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

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:** 2020016473 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 0 7 5 7 2 6 9 6 9**Full Name:** SHELAKE SHUBHAM SHIVAJI**Write Name in Devanagari (Marathi):** \_\_\_\_\_**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P NEAR MARGABAI MANDIR, BALIVADE

**City** KOLHAPUR**PIN Code:** 416119**Email ID:** mahavircollege@yahoo.com**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 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

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

**215**

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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.Com (CBCS) 3 Sem VI**  
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7801 Bachelor of Comm. (CBCS)

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

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:** 2020005126 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :****Mobile NO :** 9 3 5 6 2 2 9 3 0 0**Full Name:** ! VETALE VAISHNAVI VILAS**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

VETALE GALLI, KASABA BAWADA, KOLHAPUR

**City** KOLHAPUR**PIN Code:** 416119**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 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

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

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**Signature:**



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7801 Bachelor of Comm. (CBCS)

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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.Com (CBCS) 3 Sem VI exam to be held in Oct-2025 for the papers mentioned below.

**PRN:** 2020016731 **College:** Mahavir Mahavidyalaya, Kolhapur. , KOLHAPUR

**Personal Information :**

**Mobile NO :** 9 5 9 5 8 8 2 4 4 6

**Full Name:** ! VITEKAR KRUPA SANJAY

**Write Name in Devanagari (Marathi):** \_\_\_\_\_

**Gender:** Female **Religion:** HINDU **Cast:** Other **Physical Disability** NOT APPLICABLE

**Correspondence Address:**

VICHARE MALA KOLHAPUR

**City** KOLHAPUR

**PIN Code:** 416224

**Email ID:** Mahavircollege@gmail.com

**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 80275 Advanced Accountancy Paper IV (Taxation ) Cr. 2

**Optional Subjects:**

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

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**Date:**

**Student's Signature**  
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**Principal's Signature & Seal**  
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**Specimen  
Signature:**