

Mulund College of Commerce

Parle Tilak Vidyalaya Association's
Sarojini Naidu Road, Mulund West Mumbai 400 080

Date :

EXAMINATION FORM

Student ID: [191423]

- N.B. 1. Examination form submitted after the prescribed date is liable to be rejected.
2. Xerox copies of the previous Examinations are to be attached with the form.



EXAMINATION PARTICULAR F.Y. B.A.F. 2019-20

Seat No.

S1/MAR20/KT/1910021

1. Name of the student : / **Dharme Isha Atul Akanksha**

PRN:

2019016400443227

Pattern : 25-75

2. Mobile No.:

3. Name of Examination : **F. Y. B.A.F. (Sem I) ATKT Exam**

4. Examination fees (for both External & Internal) To be paid at the time of form submission

Exam Fee Payable Rs. 501/-

5. Name & Year/month of passing of last Exam:

Sem I Status	Sem II Status	Sem III Status	Sem IV Status
2019-20 R 87 2KT	N.A.	N.A.	N.A.

Subject Details

Srl.	Subject Name	Int	Ext
1	Financial Accounting (Elements of Financial Accoun	A	B
2	Cost Accounting (Introduction & Elements of Cost)	O	C
3	Financial Management (Introduction to Financial M	B+	F F
4	Business Communication - I	A	B
5	Foundation Course - I	O	D
6	Commerce (Business Environment) - I	A	D
7	Business Economics - I	D	F F

To,
Principal,
Mulund College of Commerce
Sarojini Naidu Road, Mulund West Mumbai 400 080

Respected Sir,

I, the undersigned, student of F. Y. B.A.F. (Sem I) ATKT Exam, requests you to grant me permission to appear at the ensuing examination of F.Y. B.A.F. 2019-20.

I also hereby aggress that in the event of myself being found guilty under the rules & regulations, my performance to which I have been permitted to appear is liable to be treated null & void.

Place : Mumbai
Date :

Yours Faithfully

Signature of the student

TO BE FILLED BY OFFICE

Unique ID

Exam :

Exam Seat No.:

Receiver's Signature

191423

F. Y. B.A.F. (Sem I) ATKT Exam

A S1/MAR20/KT/1910021

Date

Mulund College of Commerce

Parle Tilak Vidyalaya Association's
Sarajini Naidu Road, Mulund West Mumbai 400 080

Date :

EXAMINATION FORM

Student ID: [182509]

- N.B. 1. Examination form submitted after the prescribed date is liable to be rejected.
2. Xerox copies of the previous Examinations are to be attached with the form.



EXAMINATION PARTICULAR F.Y. B.A.F. 2019-20

Seat No.

S1/MAR20/KT/1810151

1. Name of the student : / Jha Katyani Sunil Poonam

2. Mobile No.: 9049427414

PRN:

2018016400595663

Pattern : 25-75

3. Name of Examination : F. Y. B.A.F. (Sem I) ATKT Exam

4. Examination fees (for both External & Internal) To be paid at the time of form submission

Exam Fee Payable Rs. 281/-

5. Name & Year/month of passing of last Exam:

Sem I Status	Sem II Status	Sem III Status	Sem IV Status
2018-19 R 121 1KT	2018-19 R 127 6.35	2019-20 R 134 6.70	N.A.

Subject Details

Srl.	Subject Name	Int	Ext
1	Financial Accounting (Elements of Financial Accoun	O	B+
2	Cost Accounting (Introduction & Elements of Cost)	A+	F F
3	Financial Management (Introduction to Financial M:	O	A
4	Business Communication - I	O	A
5	Foundation Course - I	A+	A
6	Commerce (Business Environment) - I	A	D
7	Business Economics - I	C	C

To,
Principal,
Mulund College of Commerce
Sarajini Naidu Road, Mulund West Mumbai 400 080

Respected Sir,

I, the undersigned, student of F. Y. B.A.F. (Sem I) ATKT Exam, requests you to grant me permission to appear at the ensuing examination of F.Y. B.A.F. 2019-20.

I also hereby agress that in the event of myself being found guilty under the rules & regulations, my performance to which I have been permitted to appear is liable to be treated null & void.

Place : Mumbai
Date :

Yours Faithfully

Signature of the student

TO BE FILLED BY OFFICE

Unique ID

Exam :

Exam Seat No.:

Receiver's Signature

182509

F. Y. B.A.F. (Sem I) ATKT Exam

S1/MAR20/KT/1810151

Date

Mulund College of Commerce

Parle Tilak Vidyalaya Association's
Sarojini Naidu Road, Mulund West Mumbai 400 080

Date :

EXAMINATION FORM

Student ID: [182455]

- N.B. 1. Examination form submitted after the prescribed date is liable to be rejected.
2. Xerox copies of the previous Examinations are to be attached with the form.

EXAMINATION PARTICULAR F.Y. B.A.F. 2019-20 Seat No.

S1/MAR20/KT/1810142

1. Name of the student : / **Katha Shilpa Parshuram Renuka**

PRN:

2. Mobile No.:

Pattern : 25-75

3. Name of Examination : **F. Y. B.A.F. (Sem I) ATKT Exam**

4. Examination fees (for both External & Internal) To be paid at the time of form submission

Exam Fee Payable Rs. 1,052/-

5. Name & Year/month of passing of last Exam:

Sem I Status	Sem II Status	Sem III Status	Sem IV Status
2018-19 R 0 7KT	2018-19 R 0 7KT	N.A.	N.A.

Subject Details

Srl.	Subject Name	Int	Ext
1	Financial Accounting (Elements of Financial Accoun	F F	F F
2	Cost Accounting (Introduction & Elements of Cost)	F F	F F
3	Financial Management (Introduction to Financial M:	F F	F F
4	Business Communication - I	F F	F F
5	Foundation Course - I	F F	F F
6	Commerce (Business Environment) - I	F F	F F
7	Business Economics - I	F F	F F

To,
Principal,
Mulund College of Commerce
Sarojini Naidu Road, Mulund West Mumbai 400 080

Respected Sir,

I, the undersigned, student of F. Y. B.A.F. (Sem I) ATKT Exam, requests you to grant me permission to appear at the ensuing examination of F.Y. B.A.F. 2019-20.

I also hereby aggress that in the event of myself being found guilty under the rules & regulations, my performance to which I have been permitted to appear is liable to be treated null & void.

Place : Mumbai
Date :

Yours Faithfully

Signature of the student

TO BE FILLED BY OFFICE

Unique ID	Exam :	Exam Seat No.:	Receiver's Signature
182455	F. Y. B.A.F. (Sem I) ATKT Exam	S1/MAR20/KT/1810142	Date