

# Mulund College of Commerce

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

Date :

## EXAMINATION FORM

Student ID: [201921]

- 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. 2021-22

Seat No.

**S2/OCT21/KT/2010162**

1. Name of the student : **Thube Sukrut Ashok Surekha**

2. Mobile No.: 9137256775

PRN:

2020016400090945

Pattern : 25-75

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

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

**Exam Fee Payable Rs. 295/-**

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

Sem I Status	Sem II Status	Sem III Status	Sem IV Status
2020-21   R   183   9.15	2020-21   R   132   1KT	N.A.	N.A.

Subject Details

Srl.	Subject Name	Int	Ext
1	Financial Accounting (Special Accounting Areas) - I	A	B+
2	Auditing (Introduction And Planning) - I	A	B
3	Innovative Financial Services	C	A
4	Business Communication - II	O	B+
5	Foundation Course - II	F F	A
6	Business Law (Business Regulatory Framework) - I	B	A
7	Business Mathematics	A	B+

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 II) ATKT Exam, requests you to grant me permission to appear at the ensuing examination of F.Y. B.A.F. 2021-22.

I also hereby agree 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

Yours Faithfully

Date :

Signature of the student

### TO BE FILLED BY OFFICE

Unique ID

Exam :

Exam Seat No.:

Receiver's Signature

201921

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

S2/OCT21/KT/2010162

Date