

Parle Tilak Vidyalyaya Association's
MULUND COLLEGE OF COMMERCE, MULUND (W), MUMBAI -80
B.Com Semester-I/II/III/IV/V/VI A.T.K.T Examination Form

(FOR EX-STUDENT)

Course: B.Com / BMS / B.C.A.F. / B.C.B.I. / BMM Semester
B.C.F.M./B.Sc (CS) / B.Sc. (IT) / M.Sc. (IT)
M.Com _____

Full Name in block Capital letters

SURNAME	FIRST/OWN NAME	FATHER'S NAME	MOTHER'S NAME
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Male: Female:

Residential Address: _____

Mob. No.: _____

For Repeaters only

(WRITE ONLY PASSD SUBJECT MARKS & PUT -(Dash) IN FAILED SUBJECT)

I HEREBY STATE THAT I HAVE PASSED IN THE FOLLOWING SUBJECTS IN SEMESTER - _____

NAME OF SUBJECT	EXT/INT	EXT/INT	EXT/INT	EXT/INT	EXT/INT	EXT/INT	EXT/INT
Marks Obtained							
Out of 100/75							
Internal 25							
Practical 50 / 300							
Exam Seat No.							
Month and Year of passing							

**To,
The Principal
Mulund College of Commerce
Mulund (West), Mumbai - 400 080.**

Sir,

I request permission to appear for the _____ A.T.K.T. Exam Semester-_____ of First Half / Second Half 20____ I am paying herewith the necessary Examination fee and fees for statement of marks under.

Yours faithfully,

Date _____

Signature of the student

For Office Use Only

Receipt No.: _____ Dated _____ Amount Rs. _____

N.B.: Document Required for the Exam form:

1) Xerox Copies of the Previous Semester Marksheet