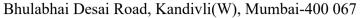


KANDIVLI EDUCATION SOCIETY'S B.K.SHROFF COLLEGE OF ARTS

M.H.SHROFF COLLEGE OF COMMERCE





PRE ADMISSION FORM

For Office	Use Only				
Amt.:	Rec.No.:	Receiver's Sign:		Date:	
Trans No.:	Quota.:	Subject Combination:			
-		REGISTRATION FORM FOR ADMISSION TO: FYBAF	UID - R003447		
required. I f	al, admission to FYBAF MINORITY (0	GUJARATI) for the academic year 2019-2020 and promise to remit the a red myself at any other College or institution for any other course of study other course.		*	
• Wea	l not be allowed to appear for Exam ring of Identity card is compulsory t	if my attendance is less than 75% of lectures delivered as per rule of Manroughout the stay in campus. I in the College campus and if found using it, will lead to confiscation of		ndary and Highe	r Secondary Education.

- I will follow the dress code specified by the College. • I will be punished as per ordinance 5050 of University if i indulge in unfair means during exams.

Ag non LICC	1 1.	ъ.	1	1 11 1 1

As per UGC regulation Ragging is strictly prohibited.

I further declare that I will abide by all the rules and the regulations of Maharashtra State Board of Secondary & Higher Secondary Examination.						
E Suvidha Ticket Number:	E Suvidha Password:	Coursewise Pre Enrollment Application Number :				
Your's Faithfully,						

PERMISSION FROM PARENT/GUARDIAN

I have permitted my Son / Daughter / Ward to join the college and I shall ensure that he / she attends classes regularly and observes the above rules.

SIGNATURE OF THE PARENT/GUARDIAN

SIGNATURE OF THE STUDENT

Personal Details

: KHARA DEESHA VIPUL PARUL

97.74.232.217/fyDegree/FormprintDisplay.aspx?&FeesAmount=100&CourseID=4&CourseName=FYBAF &CategoryName=MINORITY (GUJARATI)

Student Name

6/6/2019

Date Of Birth : 26-03-2001 Mother Tongue : GUJARATI

Gender : Female

Nationality : INDIAN Caste : MINORITY (GUJARATI)

Domicile : MAHARASHTRA Native Place : RAJKOT

Marital Status : UNMARRIED Blood Group

Email ID : deeshakhara@gmail.com Mobile No. : 7666131421

Aadhar Card Number : 351033603651 Having Voter ID : No

Parent Details

Mother Name: PARULMobile No.: 8788915644Father Name: VIPULMobile No.: 9323043206

Guardian Name : MANISH KHARA

Parent's Occupation : BUSSINESSMAN Family Annual Income : 360000.00

LOCAL ADDRESS : RUBY A/304 RAJHANS DREAMS, STELLA VASAI WEST, MUMBAI, MAHARASHTRA, INDIA - 401202 CONTACT NO. / PERMANENT ADDRESS : RUBY A/304 RAJHANS DREAMS, STELLA VASAI WEST, MUMBAI, MUMBAI, MAHARASHTRA, INDIA - 401202 CONTACT NO. /

Academic Details

Exam	Board/University	Year Of Passing	Exam Seat No.	Total Marks Obtained	Maximum Marks	Result	School/ College Name	Marksheet Passing Certificate No.
SSC	SSC Board	2017	E154120	441	500	PASS	CARMELITE CONVENT ENGLISH HIGH SCHOOL	174226
HSC	Maharashtra Board of Higher Secondary Education	2019	M265397	541	650	PASS	MITHIBAI COLLEGE	

Compulsory Subject For: FYBAF

- > BUSINESS COMMUNICATION
- > BUSINESS ENVIRONMENT
- > COST ACCOUNTING
- > ECONOMICS
- > FINANCIAL ACCOUNTING
- > FOUNDATION COURSE
- > INFORMATION TECHNOLOGY

Ordinance 6086: Attendance for Learners

Every bonafide learner shall ordinarily be allowed to keep terms for the given semester in a program of his enrolment, only if he fulfills at least 75% of the attendance taken as an average of the total number of lectures, practicals, tutorials etc. conducted.

I Accept

SIGNATURE OF THE STUDENT

SIGNATURE OF THE PARENT/GUARDIAN

The Student who have got the benefit of scholarship are required to come in the College Office after taking print out of the admission form through website for payment of fees.

Attachments Along with the applications

- 1. ID Card filled and signed by student.
- 2. Admission Form

- 3. Transaction Successful Receipt / Acknowledge Copy of NEFT with UTR No.
- 4. Xerox copies of all Semester Marksheets.
- 5. Cast Certicate's Xerox Copy (Without Attested) from Scholarship Student .
- 6. Fees Challan.
- 7. K-Skool Challan.
- 8. If Computer Image is not available affix your recent passport size photograph at the space provided in the form.
- 9. Cancelled Cheque or Copy of first page of Student or Parents Pass Book.

Student / Parent Account Detail

BANK NAME UNION BANK OF INDIA BRANCH MANICKPUR, VASAI(WEST)

ACCOUNT NUMBER6521633206001120ACCOUNT HOLDER NAMEVIPUL C KHARAIFSC CODEUBIN0532061ACCOUNT TYPESAVING ACCOUNT

Total 0

Received (InWords):-

For KES SHROFF COLLEGE

COLLEGE STAMP

RECEIVING CLERK

Total0 Received (InWords) :- For KES SHROFF COLLEGE COLLEGE STAMP RECEIVING CLERK