

Form No. 285

Rs. 25/- Only

Roll No. 3002

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : BAROT VIDHIBEN JAYESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

BAROT VIDHIBEN JAYESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 286

Rs. 25/- Only

Roll No. 3003

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management &
Information Technology

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To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full :
(In capital letters) BASAN DHRUV HARSHADBHAI

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE

I certify that

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate: Personal Details

Name in Full : BHAGDE CHITALI SANJAY
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

BHAGDE CHITALI SANJAY

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 288

Rs. 25/- Only

Roll No. 3005

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : CHANDEL MONIKA KISHORBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

CHANDEL MONIKA KISHORBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 289

Rs. 25/- Only

Roll No. 3006

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : CHAUHAN MOHIT VISHNUKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

CHAUHAN MOHIT VISHNUKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate: **Personal Details**

Name in Full : CHAUHAN VIDHI VIRCHANDBHAI
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

CHAUHAN VIDHI VIRCHANDBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 291

Rs. 25/- Only

Roll No. 3009

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : CHAVDA VIDHIBEN PANKAJKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

CHAVDA VIDHIBEN PANKAJKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 292

Rs. 25/- Only

Roll No. 3011

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DALAL MOHAMMED IMTIYAZHUSEN
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

DALAL MOHAMMED IMTIYAZHUSEN

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 293

Rs. 25/- Only

Roll No. 3012

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DARJI JAIMIN DINESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE

I certify that

DARJI JAIMIN DINESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : DESAI YASH JITENDRABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

DESAI YASH JITENDRABHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

--

Personal Details

Name in Full : DHOLARIYA KOMAL VINUBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE**DHOLARIYA KOMAL VINUBHAI**

I certify that

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

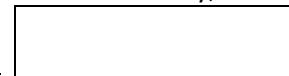
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : GADHIYA BANSARI ASHOKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

GADHIYA BANSARI ASHOKBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 298

Rs. 25/- Only

Roll No. 3018

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : GODHAT HEPPY PRAVINBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

GODHAT HEPPY PRAVINBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 299

Rs. 25/- Only

Roll No. 3019

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : HADIYEL HETALBAHEN ASHOKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

HADIYEL HETALBAHEN ASHOKBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 300

Rs. 25/- Only

Roll No. 3020

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : HIRAPARA JULEE BHARATBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

HIRAPARA JULEE BHARATBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 301

Rs. 25/- Only

Roll No. 3021

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management & Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KACHHADIYA BANSARI JAYANTIBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

KACHHADIYA BANSARI JAYANTIBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 302

Rs. 25/- Only

Roll No. 3022

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KATRODIYA PRINCE JASHUBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

KATRODIYA PRINCE JASHUBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 303

Rs. 25/- Only

Roll No. 3023

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KOSHTI DEV ANILKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

KOSHTI DEV ANILKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 304

Rs. 25/- Only

Roll No. 3024

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MEHTA KAVYA ANIMESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE

I certify that
Shri/Smt/Kum

MEHTA KAVYA ANIMESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 305

Rs. 25/- Only

Roll No. 3025

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MISTRI DEVARSHI MEHULKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

MISTRI DEVARSHI MEHULKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 306

Rs. 25/- Only

Roll No. 3026

Fee Receipt



GUJARAT UNIVERSITY

M.Sc. IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MISTRY SHIVAM SANDIPBHAII
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

MISTRY SHIVAM SANDIPBHAII

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 307

Rs. 25/- Only

Roll No. 3027

Fee Receipt



GUJARAT UNIVERSITY
M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology

--

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MODI SAKSHI MAYANK
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

MODI SAKSHI MAYANK

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 308

Rs. 25/- Only

Roll No. 3028

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MULTANI RUKASHBANU RAFIKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

MULTANI RUKASHBANU RAFIKBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 309

Rs. 25/- Only

Roll No. 3030

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PADHIYAR NIHARIKA SUNILBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PADHIYAR NIHARIKA SUNILBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 310

Rs. 25/- Only

Roll No. 3031

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PANCHAL JAYDEEP BAKULBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PANCHAL JAYDEEP BAKULBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 311

Rs. 25/- Only

Roll No. 3032

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PANSERIYA DHRUVI JAYESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PANSERIYA DHRUVI JAYESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 312

Rs. 25/- Only

Roll No. 3034

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL BHAVIK MAHENDRAKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL BHAVIK MAHENDRAKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 313

Rs. 25/- Only

Roll No. 3035

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL DIMPALBEN VIRENDRABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL DIMPALBEN VIRENDRABHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 314

Rs. 25/- Only

Roll No. 3036

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL DRITI ASHOKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL DRITI ASHOKBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 316

Rs. 25/- Only

Roll No. 3038

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL KEYURIBEN KISHORBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL KEYURIBEN KISHORBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 317

Rs. 25/- Only

Roll No. 3039

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL KRISHIKUMAR MUKESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL KRISHIKUMAR MUKESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 318

Rs. 25/- Only

Roll No. 3040

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL MANAV DEEPAKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL MANAV DEEPAKBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 319

Rs. 25/- Only

Roll No. 3041

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL MARGIBEN KAMLESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL MARGIBEN KAMLESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 320

Rs. 25/- Only

Roll No. 3042

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL MAULIBEN PRAKASHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL MAULIBEN PRAKASHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 321

Rs. 25/- Only

Roll No. 3043

Fee Receipt



GUJARAT UNIVERSITY
M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL RUSHIKA KISHORBHAI
(In capital letters) -----

Full Residential Address: -----

Phone No: -----
Gender: -----
Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that PATEL RUSHIKA KISHORBHAI
Shri/Smt/Kum -----
Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021 -----

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 322

Rs. 25/- Only

Roll No. 3045

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL TANISH GIRISHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL TANISH GIRISHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 323

Rs. 25/- Only

Roll No. 3046

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL TEJAS RAJESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PATEL TEJAS RAJESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 324

Rs. 25/- Only

Roll No. 3048

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI DEVANSHI JAGDISHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PRAJAPATI DEVANSHI JAGDISHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 325

Rs. 25/- Only

Roll No. 3049

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPAT IHARESHKUMAR MAGANBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PRAJAPATI IHARESHKUMAR MAGANBHAI

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I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 326

Rs. 25/- Only

Roll No. 3050

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI JEMIKA PRAVINBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PRAJAPATI JEMIKA PRAVINBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 327

Rs. 25/- Only

Roll No. 3051

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI KRUPALI GANPATBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PRAJAPATI KRUPALI GANPATBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 328

Rs. 25/- Only

Roll No. 3053

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI VISHNUKUMAR DASHRATHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE

I certify that
Shri/Smt/Kum

PRAJAPATI VISHNUKUMAR DASHRATHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 329

Rs. 25/- Only

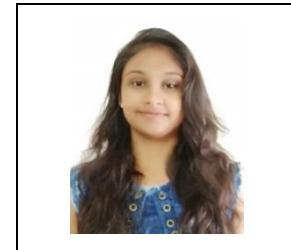
Roll No. 3054

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI VRUSHTI JITENDRAKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

PRAJAPATI VRUSHTI JITENDRAKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 330

Rs. 25/- Only

Roll No. 3055

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : RAVAL AARATIBEN DINESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

RAVAL AARATIBEN DINESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 331

Rs. 25/- Only

Roll No. 3056

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SARVAIYA PINKAL JIGNESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

SARVAIYA PINKAL JIGNESHKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 332

Rs. 25/- Only

Roll No. 3058

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH FRANIE PINAL
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

SHAH FRANIE PINAL

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 333

Rs. 25/- Only

Roll No. 3059

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH PRACHI SHAILESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

SHAH PRACHI SHAILESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 334

Rs. 25/- Only

Roll No. 3061

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHARMA MAHIMAKAILASH CHANDRA
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

SHARMA MAHIMAKAILASH CHANDRA

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 335

Rs. 25/- Only

Roll No. 3062

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHETH KRUPALI JASMINBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

SHETH KRUPALI JASMINBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 336

Rs. 25/- Only

Roll No. 3063

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SOLANKI ISHA BHARATKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

SOLANKI ISHA BHARATKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 337

Rs. 25/- Only

Roll No. 3064

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SOLANKI MISHRITA BHARATKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

SOLANKI MISHRITA BHARATKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 339

Rs. 25/- Only

Roll No. 3067

Fee Receipt



GUJARAT UNIVERSITY

M.Sc. IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SOLANKI SUMITKUMAR NARESHBhai
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

SOLANKI SUMITKUMAR NARESHBhai

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 341

Rs. 25/- Only

Roll No. 3070

Fee Receipt



GUJARAT UNIVERSITY
M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : THAKKAR HETVI ALPESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

THAKKAR HETVI ALPESHKUMAR

I certify that
Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 342

Rs. 25/- Only

Roll No. 3072

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : VAGADIYA HASTI ATULBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

VAGADIYA HASTI ATULBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 344

Rs. 25/- Only

Roll No. 3074

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : VAGHELA DRASHTI BHARATBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

VAGHELA DRASHTI BHARATBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 345

Rs. 25/- Only

Roll No. 3076

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : VASANI JINAL PRAVINBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

VASANI JINAL PRAVINBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 346

Rs. 25/- Only

Roll No. 3077

Fee Receipt



GUJARAT UNIVERSITY
M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : ZADAFIYA PRIYANSHI DINESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

ZADAFIYA PRIYANSHI DINESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 347

Rs. 25/- Only

Roll No. 3078

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : AGRAVAT UMANGKUMAR RAMESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

AGRAVAT UMANGKUMAR RAMESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 348

Rs. 25/- Only

Roll No. 3080

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : BAIRVA JAYDEEP DINESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

BAIRVA JAYDEEP DINESHKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 349

Rs. 25/- Only

Roll No. 3081

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : BAROT DIVYABEN DINESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

BAROT DIVYABEN DINESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 350

Rs. 25/- Only

Roll No. 3082

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : BHAVSAR ZARANABEN KETANKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

BHAVSAR ZARANABEN KETANKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 351

Rs. 25/- Only

Roll No. 3085

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : CHAUHAN SMIT GHANSHYAMBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

CHAUHAN SMIT GHANSHYAMBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 353

Rs. 25/- Only

Roll No. 3087

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : CHUNARA JAHANVI MANOJBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

CHUNARA JAHANVI MANOJBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 354

Rs. 25/- Only

Roll No. 3088

Fee Receipt



GUJARAT UNIVERSITY

M.Sc. IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DABHI AYUSHI MAHESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

DABHI AYUSHI MAHESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 355

Rs. 25/- Only

Roll No. 3089

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DARJI VISHA RAJESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

DARJI VISHA RAJESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 356

Rs. 25/- Only

Roll No. 3090

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DAVE JINIT MUKESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

DAVE JINIT MUKESHKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 357

Rs. 25/- Only

Roll No. 3091

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DESAI ROHI BHUPENDRA
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

DESAI ROHI BHUPENDRA

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 358

Rs. 25/- Only

Roll No. 3092

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DHAKRE TANISHA PRABALPRATAPSINGH
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

DHAKRE TANISHA PRABALPRATAPSINGH

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 359

Rs. 25/- Only

Roll No. 3093

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DHAMELIYA HARDIK BABUBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

DHAMELIYA HARDIK BABUBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 360

Rs. 25/- Only

Roll No. 3094

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



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THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DHANDUKAWALA ARWA HUZEFABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

DHANDUKAWALA ARWA HUZEFABHAI

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 361

Rs. 25/- Only

Roll No. 3095

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DOSHI PRIYALS ANDIP
(In capital letters) -----

Full Residential Address: -----

Phone No: -----
Gender: -----
Category: -----

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE

I certify that

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 362

Rs. 25/- Only

Roll No. 3096

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : FANSE MANAV SAMIRBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

FANSE MANAV SAMIRBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 363

Rs. 25/- Only

Roll No. 3098

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : HIMMAT SINGH KITAWAT
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE

I certify that
Shri/Smt/Kum

HIMMAT SINGH KITAWAT

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 364

Rs. 25/- Only

Roll No. 3101

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : JAIN MEGHABEN DINESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

JAIN MEGHABEN DINESHKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 365

Rs. 25/- Only

Roll No. 3102

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : JAIN YASH KAMLESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

JAIN YASH KAMLESHBHAI

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 366

Rs. 25/- Only

Roll No. 3103

Fee Receipt



GUJARAT UNIVERSITY

M.Sc. IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management & Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : JAMANAPARA DHVANI YOGESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

JAMANAPARA DHVANI YOGESHBHAI

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Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 370

Rs. 25/- Only

Roll No. 3107

Fee Receipt



GUJARAT UNIVERSITY
M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KHALAS JIGAR RAMESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

KHALAS JIGAR RAMESHBHAI

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 371

Rs. 25/- Only

Roll No. 3108

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KHEDIA ROHIT JIGNESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

KHEDIA ROHIT JIGNESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 372

Rs. 25/- Only

Roll No. 3109

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KHUNT PRINCY NILESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

KHUNT PRINCY NILESHBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 373

Rs. 25/- Only

Roll No. 3110

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KOSHTI RAHUL RAJKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

KOSHTI RAHUL RAJKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 374

Rs. 25/- Only

Roll No. 3111

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KUMBHANI SANKET NAreshbhAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

KUMBHANI SANKET NAreshbhAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 377

Rs. 25/- Only

Roll No. 3114

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MANDALIYA SHRUTI BHAVESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

MANDALIYA SHRUTI BHAVESHKUMAR

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 378

Rs. 25/- Only

Roll No. 3115

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MANDALIYA URVISH GOPALBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that
Shri/Smt/Kum

MANDALIYA URVISH GOPALBHAI

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 379

Rs. 25/- Only

Roll No. 3116

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY
[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE
Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021
Name of the School : K. S. School of Business Management &
Information Technology



To,
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MANSURI ARKAN SALIMBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that MANSURI ARKAN SALIMBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 380

Rs. 25/- Only

Roll No. 3117

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MANSURI TANZILA IDRISH
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

MANSURI TANZILA IDRISH

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 381

Rs. 25/- Only

Roll No. 3118

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MISTRY VISHWA SUNILKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

MISTRY VISHWA SUNILKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Name in Full :

(In capital letters)

MOGHARIYA SHUBHAMKUMAR PRAVINBHAI

Full Residential Address:

Phone No:

Gender:

Category:

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

MOGHARIYA SHUBHAMKUMAR PRAVINBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Grauate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 383

Rs. 25/- Only

Roll No. 3121

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PARMAR DARSHAN RAJESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PARMAR DARSHAN RAJESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

--

Personal Details

Name in Full : PARMAR PAURAVI VIJAYBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PARMAR PAURAVI VIJAYBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 385

Rs. 25/- Only

Roll No. 3124

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full :
(In capital letters)

PATEL DIYA HARESHKUMAR

Full Residential Address:

Phone No:
Gender:
Category:

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

PATEL DIYA HARESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

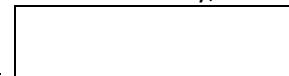
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PATEL JENISH KALPESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL JENISH KALPESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PATEL KUSH HIREN
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL KUSH HIREN

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 389

Rs. 25/- Only

Roll No. 3129

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL PRACHI PANKAJBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL PRACHI PANKAJBHAI

Shri/Smt/Kum

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PATEL TWINKLE NARAYANBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL TWINKLE NARAYANBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 391

Rs. 25/- Only

Roll No. 3131

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL VRAJ LAVEKESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL VRAJ LAVEKESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

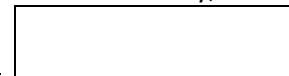
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PRAJAPATI NAYAN JAYESHBHAI
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

PRAJAPATI NAYAN JAYESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD

Form No. 394

Rs. 25/- Only

Roll No. 3134

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : RABARI PRADIPBHAI RAMESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

RABARI PRADIPBHAI RAMESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate: **Personal Details**

Name in Full : RATHOD VEDANT RIPANBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

RATHO DVEDANT RIPANBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 397

Rs. 25/- Only

Roll No. 3137

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SANGHAVI DEEP BIMALBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SANGHAVI DEEP BIMALBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

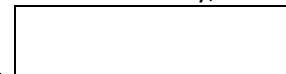
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : SHAH DRASHTI KALPESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH DRASHTI KALPESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 399

Rs. 25/- Only

Roll No. 3139

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH HETVI ILESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH HETVI ILESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 400

Rs. 25/- Only

Roll No. 3140

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

**Name of the School : K. S. School of Business Management &
Information Technology**



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH ISHIKA MINESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH ISHIKA MINESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 401

Rs. 25/- Only

Roll No. 3141

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH KRUPA MUKUND
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH KRUPA MUKUND

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 402

Rs. 25/- Only

Roll No. 3142

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management &
Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH PRAPTI GOPALBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

SHAH PRAPTI GOPALBHAI

Shri/Smt/Kum

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 403

Rs. 25/- Only

Roll No. 3143

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH RIYA VIPULBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH RIYA VIPULBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 404

Rs. 25/- Only

Roll No. 3145

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHETH NAITRA ALPESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHETH NAITRA ALPESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 405

Rs. 25/- Only

Roll No. 3148

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : TANNA HARSH KAMLESH
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

TANNA HARSH KAMLESH

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 406

Rs. 25/- Only

Roll No. 3149

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : THAKKAR JAY PRASHANTKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

THAKKAR JAY PRASHANTKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 407

Rs. 25/- Only

Roll No. 3150

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : THAKOR JINALBEN MAHESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

THAKOR JINALBEN MAHESHKUMAR

Shri/Smt/Kum

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 408

Rs. 25/- Only

Roll No. 3151

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : THAKUR NAYANVARDHANSINH DEEPAKSINH
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

THAKUR NAYANVARDHANSINH DEEPAKSINH

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 409

Rs. 25/- Only

Roll No. 3152

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management &
Information Technology



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THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : TOGADIYA HARDIK MUKESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

TOGADIYA HARDIK MUKESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 411

Rs. 25/- Only

Roll No. 3156

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : BAVADIYA HEMANSHI CHAMPAKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

BAVADIYA HEMANSHI CHAMPAKBHAI

Shri/Smt/Kum

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K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate: **Personal Details**

Name in Full : BHANDERI NIDHI RASIKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

BHANDERI NIDHI RASIKBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : BHATT BHARVI MITESH
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

BHATT BHARVI MITESH

Shri/Smt/Kum

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 414

Rs. 25/- Only

Roll No. 3159

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : CHANDANI RUSHIT BHIKHABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

CHANDANI RUSHIT BHIKHABHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 415

Rs. 25/- Only

Roll No. 3162

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : CHAUHAN SAURAV PRAFULCHANDRA
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

CHAUHAN SAURAV PRAFULCHANDRA

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

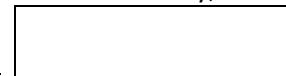
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : CHAUHAN SHIKHA DINESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

CHAUHAN SHIKHA DINESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

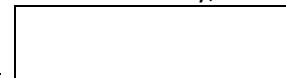
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : DABHI DARSHAN KIRITBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

DABHI DARSHAN KIRITBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bonafide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 418

Rs. 25/- Only

Roll No. 3165

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DABHI PRACHI MAHIPALBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

DABHI PRACHI MAHIPALBHAI

Shri/Smt/Kum

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K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

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Sir,

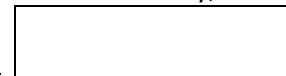
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : DARJI MAHARSHI DAXESHKUMAR
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

DARJI MAHARSHI DAXESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD

Form No. 420

Rs. 25/- Only

Roll No. 3167

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DUDHAT JANVI VINUBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

DUDHAT JANVI VINUBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 421

Rs. 25/- Only

Roll No. 3168

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

**Name of the School : K. S. School of Business Management &
Information Technology**



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Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DUNGARIYA MANSI VELJIBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

DUNGARIYA MANSI VELJIBHAI

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 422

Rs. 25/- Only

Roll No. 3170

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

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Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : GAJJAR TIRTH INDRAVADANBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

GAJJAR TIRTH INDRAVADANBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 423

Rs. 25/- Only

Roll No. 3171

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

**Name of the School : K. S. School of Business Management &
Information Technology**



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : GANDHI JAINEE VIRENDRAKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

GANDHI JAINEE VIRENDRAKUMAR

Shri/Smt/Kum

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 424

Rs. 25/- Only

Roll No. 3172

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : HULE NIVEDITA SUNIL
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

HULE NIVEDITA SUNIL

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

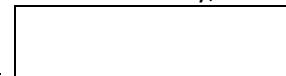
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : JANI SAHIL JIGNESHKUMAR
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

JANI SAHIL JIGNESHKUMAR

Shri/Smt/Kum

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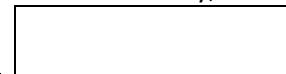
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : JARECHA VIRAL ROHITBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

JARECHA VIRAL ROHITBHAI

Shri/Smt/Kum

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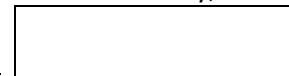
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : KADIA RAJAL RAJESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

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INvariably BE ATTACHED.**

CERTIFICATE

I certify that

KADIA RAJAL RAJESHBHAI

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : KATHIRIYA HARSH RAJESHBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

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KATHIRIYA HARSH RAJESHBHAI

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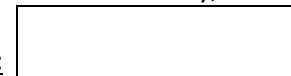
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : KHODAKIYA KULDEEP MANOJBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : MALAVIYA SHIVANI PARESHBHAI
(In capital letters)

Full Residential Address:

Phone No: -----
Gender: -----
Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

MALAVIYA SHIVANI PARESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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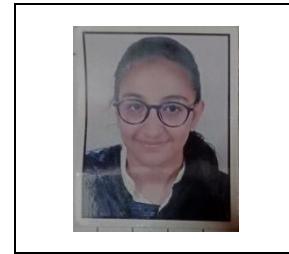
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : MANSURI AAFIYA SARFARAJBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

MANSURI AAFIYA SARFARAJBHAI

Shri/Smt/Kum

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TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 432

Rs. 25/- Only

Roll No. 3180

Fee Receipt



GUJARAT UNIVERSITY

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Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MISTRY KUSH RAJESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

MISTRY KUSH RAJESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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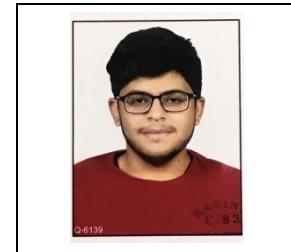
K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate: Personal Details

Name in Full : MITHANI SAMIL SALIM
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

MITHANI SAMIL SALIM

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bonafide student of this institution.

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TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



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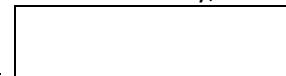
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : MOHAMMED YASIN
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

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INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

MOHAMMED YASIN

Shri/Smt/Kum

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

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Personal Details

Name in Full : MULTANI SAHINABEN AMITBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PANARA DHRUMIN BHARATKUMAR
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

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CERTIFICATE

I certify that

PANARA DHRUMIN BHARATKUMAR

Shri/Smt/Kum

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Form No. 437

Rs. 25/- Only

Roll No. 3186

Fee Receipt



GUJARAT UNIVERSITY

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PANCHAL HARSHIKUMAR ASHWINBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

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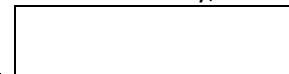
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Name in Full : PANCHAL RITIKABEN SANJAYBHAI
(In capital letters)

Full Residential Address:

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Category: _____

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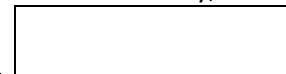
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PARMAR DEEPKUMAR PRAVINKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

PARMAR DEEPKUMAR PRAVINKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 440

Rs. 25/- Only

Roll No. 3189

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PARMAR DHRUV RAJESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PARMAR DHRUV RAJESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

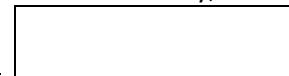
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PARMAR SMITKUMAR KIRITKUMAR
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

PARMAR SMITKUMAR KIRITKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

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Sir,

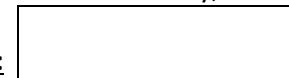
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : PATEL DEV ASHISHKUMAR
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL DEV ASHISHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Name in Full :

(In capital letters)

PATEL MIHIRKUMAR RAMANBHAI

Full Residential Address:

Phone No:

Gender:

Category:

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

PATEL MIHIRKUMAR RAMANBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bonafide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 445

Rs. 25/- Only

Roll No. 3195

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL PRIYANKABEN DILIPBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL PRIYANKABEN DILIPBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 446

Rs. 25/- Only

Roll No. 3196

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full :
(In capital letters)

PATEL RIYA MANISHKUMAR

Full Residential Address:

Phone No:
Gender:
Category:

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL RIYA MANISHKUMAR

Shri/Smt/Kum

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

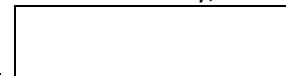
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PATEL SHUBHAM ASHWINKUMAR
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

PATEL SHUBHAM ASHWINKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

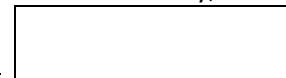
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : PATEL VIRAJ PIYUSHKUMAR
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

PATEL VIRAJ PIYUSHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

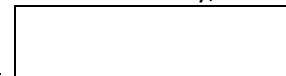
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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal DetailsName in Full :
(In capital letters)

PATTANI SHREYA HITENDRA

Full Residential Address:

Phone No:
Gender:
Category:

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATTANI SHREYA HITENDRA

Shri/Smt/Kum

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I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 450

Rs. 25/- Only

Roll No. 3200

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

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Sir,

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PAVAWALA BHOOXI MAKENABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PAVAWALA BHOOXI MAKENABHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 451

Rs. 25/- Only

Roll No. 3201

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PITHADIYA HENIL RAMESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PITHADIYA HENIL RAMESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 452

Rs. 25/- Only

Roll No. 3203

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI JINALIBEN DINESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PRAJAPATI JINALIBEN DINESHBHAI

Shri/Smt/Kum

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Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 453

Rs. 25/- Only

Roll No. 3204

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI MOVAN SONAJI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
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CERTIFICATE

I certify that

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 454

Rs. 25/- Only

Roll No. 3205

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI PARTH MAHENDRABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
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CERTIFICATE

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K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 455

Rs. 25/- Only

Roll No. 3206

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI SAHIL VASANTKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PRAJAPATI SAHIL VASANTKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 456

Rs. 25/- Only

Roll No. 3207

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRAJAPATI SHEFALI HARSHAKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PRAJAPATI SHEFALI HARSHAKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 457

Rs. 25/- Only

Roll No. 3208

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PRJAPATI HARSH JAYANTIBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PRJAPATI HARSH JAYANTIBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

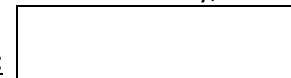
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : RAIYANI URVASHI NARESHBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

RAIYANI URVASHI NARESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD

Form No. 459

Rs. 25/- Only

Roll No. 3210

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : RAMI DIRGH KIRANKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

RAMI DIRGH KIRANKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 460

Rs. 25/- Only

Roll No. 3211

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : RANA RIYA PARESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

RANA RIYA PARESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 461

Rs. 25/- Only

Roll No. 3212

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SAVALIYA NAIMISH HIMATBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SAVALIYA NAIMISH HIMATBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 462

Rs. 25/- Only

Roll No. 3213

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management &
Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full :
(In capital letters)

SHAH AASTHA KHAGENBHAI

Full Residential Address:

Phone No:
Gender:
Category:

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE

I certify that

SHAH AASTHA KHAGENBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 464

Rs. 25/- Only

Roll No. 3215

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH KANVI DIVYANGKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH KANVI DIVYANGKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 465

Rs. 25/- Only

Roll No. 3216

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH KRINAL PARESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH KRINAL PARESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 466

Rs. 25/- Only

Roll No. 3218

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management &
Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH PRACHI MUKESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

SHAH PRACHI MUKESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 467

Rs. 25/- Only

Roll No. 3219

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH SHREYA UNMESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH SHREYA UNMESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 468

Rs. 25/- Only

Roll No. 3220

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH VRUSHTI BHAVIKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH VRUSHTI BHAVIKBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 469

Rs. 25/- Only

Roll No. 3221

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHIYANI KHUSHI RAJESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHIYANI KHUSHI RAJESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 472

Rs. 25/- Only

Roll No. 3225

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SOLANKI MANTHON NAreshkumar
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SOLANKI MANTHON NAreshkumar

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 473

Rs. 25/- Only

Roll No. 3226

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SONI PRATISH RAJENDRAKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SONI PRATISH RAJENDRAKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 474

Rs. 25/- Only

Roll No. 3227

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : VAGHELA HARSH SANJAYBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

VAGHELA HARSH SANJAYBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : VARAN PARTHAVI RAJESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

VARAN PARTHAVI RAJESHKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 476

Rs. 25/- Only

Roll No. 3229

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : VIRAL HITESH ZALA
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

VIRAL HITESH ZALA

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 477

Rs. 25/- Only

Roll No. 3230

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : YADAV SONAL BHAWANLAL
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

YADAV SONAL BHAWANLAL

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 479

Rs. 25/- Only

Roll No. 3232

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management &
Information Technology

--

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : BHADIYADRA DEV CHETANKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

BHADIYADRA DEV CHETANKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 480

Rs. 25/- Only

Roll No. 3233

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : BHUT URVI CHANDULAL
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

BHUT URVI CHANDULAL

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 481

Rs. 25/- Only

Roll No. 3234

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : BUDHELIYA DHRUV PIYUSHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

BUDHELIYA DHRUV PIYUSHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 482

Rs. 25/- Only

Roll No. 3235

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : CHAUDHARY NIRALBEN VANABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

CHAUDHARY NIRALBEN VANABHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 484

Rs. 25/- Only

Roll No. 3238

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DESAI MANALI UDAY
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

DESAI MANALI UDAY

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 485

Rs. 25/- Only

Roll No. 3239

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : DOMADIYA HETVIBEN KALPESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

DOMADIYA HETVIBEN KALPESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 486

Rs. 25/- Only

Roll No. 3240

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : GAJERA LIZA KANUBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

GAJERA LIZA KANUBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Name in Full :

(In capital letters)

Personal Details

GOHEL HONEY DILIPBHAI

Full Residential Address:

Phone No:

Gender:

Category:

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

GOHEL HONEY DILIPBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : JAYSWAL VIDHI NARENDRAKUMAR
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

JAYSWAL VIDHI NARENDRAKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 489

Rs. 25/- Only

Roll No. 3245

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KABIRA KARAN ARVINDBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

KABIRA KARAN ARVINDBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

**K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY**
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 490

Rs. 25/- Only

Roll No. 3246

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KAKADIYA BHARGAV MANISHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

KAKADIYA BHARGAV MANISHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

**K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD**

Form No. 491

Rs. 25/- Only

Roll No. 3247

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology

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To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full :
(In capital letters)

KALANI MEET HITESHBHAI

Full Residential Address:

Phone No:
Gender:
Category:

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

KALANI MEET HITESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 492

Rs. 25/- Only

Roll No. 3248

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KALYANI SARTHAK PARESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

KALYANI SARTHAK PARESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 493

Rs. 25/- Only

Roll No. 3249

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KANANI JAHNVI GHANSHYAMBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

KANANI JAHNVI GHANSHYAMBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

**K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD**

Form No. 495

Rs. 25/- Only

Roll No. 3251

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KOLADIYA JAIMIN RAMESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

KOLADIYA JAIMIN RAMESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 499

Rs. 25/- Only

Roll No. 3255

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MAKWANA ZEEL RAJESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

MAKWANA ZEEL RAJESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 500

Rs. 25/- Only

Roll No. 3256

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MAURYA NIKHIL PRAMODSINH
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

MAURYA NIKHIL PRAMODSINH

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 501

Rs. 25/- Only

Roll No. 3257

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : MIRANI SUJAL ATULKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

MIRANI SUJAL ATULKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 502

Rs. 25/- Only

Roll No. 3258

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : NAYAK DEV AJITKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

NAYAK DEV AJITKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 503

Rs. 25/- Only

Roll No. 3259

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PANCHAL DEVANSHI PINAKINBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

PANCHAL DEVANSHI PINAKINBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 505

Rs. 25/- Only

Roll No. 3261

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PANCHAL KASHISH DWARKESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PANCHAL KASHISH DWARKESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 506

Rs. 25/- Only

Roll No. 3262

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PANCHAL MIHIR VIJAYBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PANCHAL MIHIR VIJAYBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 507

Rs. 25/- Only

Roll No. 3263

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PANCHBHAIYA ABDULREHMAN MOHMADHUSEN
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PANCHBHAIYA ABDULREHMAN MOHMADHUSEN

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 508

Rs. 25/- Only

Roll No. 3265

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PARMAR KHUSHBU KANUBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PARMAR KHUSHBU KANUBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 509

Rs. 25/- Only

Roll No. 3266

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management &
Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PARMAR LISHABEN MANISHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

PARMAR LISHABEN MANISHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 511

Rs. 25/- Only

Roll No. 3268

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PARMAR VIRAJ GHUGHABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PARMAR VIRAJ GHUGHABHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 512

Rs. 25/- Only

Roll No. 3269

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL ADITYAKUMAR BHARATBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL ADITYAKUMAR BHARATBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 513

Rs. 25/- Only

Roll No. 3270

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL AYUSHI SURESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL AYUSHI SURESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 514

Rs. 25/- Only

Roll No. 3271

Fee Receipt



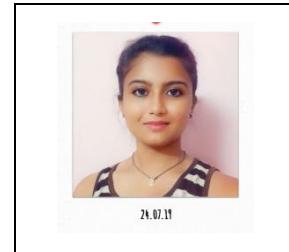
GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL BIRVA MUKUNDKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

PATEL BIRVA MUKUNDKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

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M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL HEMANSHIBEN MAHESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL HEMANSHIBEN MAHESHBHAI

Shri/Smt/Kum

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Director

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TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 516

Rs. 25/- Only

Roll No. 3274

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,
THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL KHUSHI RASIKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

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K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
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GUJARAT UNIVERSITY

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[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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Sir,

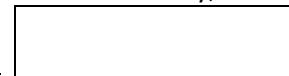
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : PATEL KUSH SHAILESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

PATEL KUSH SHAILESHBHAI

Shri/Smt/Kum

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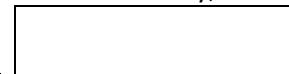
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PATEL MAUSAMI VIJAYKUMAR
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

PATEL MAUSAMI VIJAYKUMAR

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD

Form No. 520

Rs. 25/- Only

Roll No. 3278

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL MILI JIGNESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL MILI JIGNESHKUMAR

Shri/Smt/Kum

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K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
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GUJARAT UNIVERSITY, AHMEDABAD



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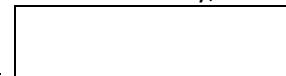
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : PATEL SAHIL PRAKASHBHAI
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
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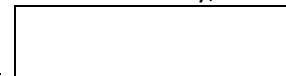
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PATEL SUNNYKUMAR LABHUBHAI
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

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K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 523

Rs. 25/- Only

Roll No. 3281

Fee Receipt



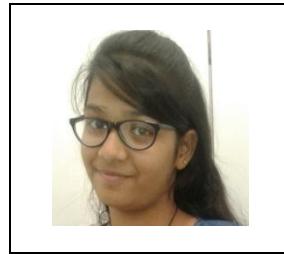
GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL VIDHI RAJESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : PATEL VRAJ NIKESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

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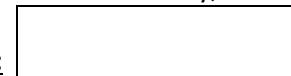
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PRAJAPATI DHRUV ARJANBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

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 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate: **Personal Details**

Name in Full : PRAJAPATI JAYANSHU NILESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

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PRAJAPATI JAYANSHU NILESHBHAI

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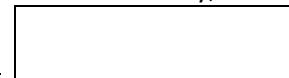
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : PRAJAPATI NANDINI JAYESHKUMAR
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

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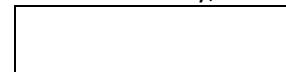
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:Personal Details

Name in Full : PRAJAPATI VIKAS VAGHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

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K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 530

Rs. 25/- Only

Roll No. 3288

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : RANA VINIT KAUSHIKBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

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INvariably BE ATTACHED.**

CERTIFICATE

I certify that

RANA VINIT KAUSHIKBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

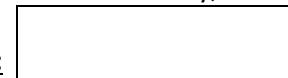
I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : RATHOD NAISARGI SATISHBHAI
(In capital letters)

Full Residential Address:

.....
.....

Phone No:
Gender:
Category:

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

RATHOD NAISARGI SATISHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 532

Rs. 25/- Only

Roll No. 3290

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH JINAY HITESHBHAI
(In capital letters)

Full Residential Address:

Phone No:
Gender:
Category:

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

SHAH JINAY HITESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

To,

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Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : SHAH NENCY YOGESHKUMAR
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

SHAH NENCY YOGESHKUMAR

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
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 GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate: Personal Details

Name in Full : SHAH PUSHTI DIPESH
 (In capital letters)

Full Residential Address:

Phone No: _____
 Gender: _____
 Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH PUSHTI DIPESH

Shri/Smt/Kum

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 537

Rs. 25/- Only

Roll No. 3295

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH RIYA PRAMESH
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SHAH RIYA PRAMESH

Shri/Smt/Kum

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

--

Personal Details

Name in Full : SHAH URVIL NITINKUMAR
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE**SHAH URVIL NITINKUMAR**

I certify that

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD

Form No. 539

Rs. 25/- Only

Roll No. 3298

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SONI FREYA HITESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

SONI FREYA HITESHBHAI

Shri/Smt/Kum

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Date: 06-12-2021

Director

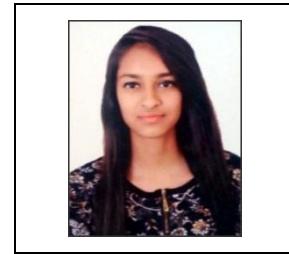
K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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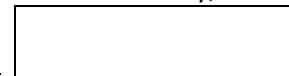
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:**Personal Details**

Name in Full : SUTARIYA ROSHNI CHIMANBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE

I certify that

SUTARIYA ROSHNI CHIMANBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD

Form No. 541

Rs. 25/- Only

Roll No. 3300

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : THACKER KHUSHI KISHORBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

THACKER KHUSHI KISHORBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 545

Rs. 25/- Only

Roll No. 3304

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : VANDRA VIDHI MANOJBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

VANDRA VIDHI MANOJBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Name in Full :

(In capital letters)

Personal Details

TRIPATHI ASHUTOSH VIJAY

Full Residential Address:

Phone No:

Gender:

Category:

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST INvariably BE ATTACHED.

CERTIFICATE

I certify that

TRIPATHI ASHUTOSH VIJAY

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD

Form No. 549

Rs. 25/- Only

Roll No. 3315

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : UTTAMKUMAR MANANI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

UTTAMKUMAR MANANI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 550

Rs. 25/- Only

Roll No. 3318

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PARMAR PARTH GHUGHABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PARMAR PARTH GHUGHABHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 551

Rs. 25/- Only

Roll No. 3319

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : RAVAL DEVESH HITESHKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

RAVAL DEVESH HITESHKUMAR

Shri/Smt/Kum

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Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 552

Rs. 25/- Only

Roll No. 3320

Fee Receipt



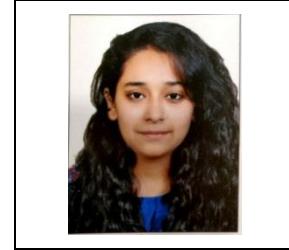
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M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



To,
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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : SHAH MUSKAN SHEETALKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
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CERTIFICATE

I certify that

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TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 553

Rs. 25/- Only

Roll No. 3321

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

**Name of the School : K. S. School of Business Management &
Information Technology**

--

To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

Sir,

I request permission to present myself at the ensuing Examination for M.Sc.in Computer Applications And Information Technology M.Sc.(CA & IT) AT THE Ahmedabad Center and remit herewith the prescribed fee of Rs. 550/- (Rupees Five hundred fifty only)

I offer to be examined for:

Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
------------------	--------------	-------------------------

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : VAGHELA JAHNAVI SANDIPBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

VAGHELA JAHNAVI SANDIPBHAI

I certify that

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 555

Rs. 25/- Only

Roll No. 3325

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management & Information Technology



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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : LAVANTRA PRAGNESH SURESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

LAVANTRA PRAGNESH SURESHBHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 556

Rs. 25/- Only

Roll No. 3326

Fee Receipt



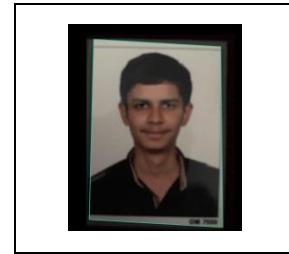
GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

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I offer to be examined for:

Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PATEL HARSH ASHWINKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

PATEL HARSH ASHWINKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 557

Rs. 25/- Only

Roll No. 3327

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

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Sem: Fifth (5th)

Year: TY MSC

Course: M.Sc. (CA & IT)

Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PIJKAR RICHARD PANKAJKUMAR
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

PIJKAR RICHARD PANKAJKUMAR

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

I also certify that the details filled in this form by the candidate have been verified and are found correct as per college records, and he/she is eligible to appear in this Examination.

Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

--

Personal Details

Name in Full : PATEL DHRUVKUMAR SATISHBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
 INVARIABLY BE ATTACHED.**

CERTIFICATE**PATEL DHRUVKUMAR SATISHBHAI**

I certify that

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
 TECHNOLOGY
 GUJARAT UNIVERSITY, AHMEDABAD

Form No. 559

Rs. 25/- Only

Roll No. 3330

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

Name of the School : K. S. School of Business Management &
Information Technology



To,

THE REGISTRAR, GUJARAT UNIVERSITY, AHMEDABAD-380009

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : KAVA MOHIT UPENDRABHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.

CERTIFICATE

I certify that

KAVA MOHIT UPENDRABHAI

Shri/Smt/Kum

Has undergone the prescribe course of studies at this Graduate & Post-Graduate School and he/she is a bona fide student of this institution.

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Date: 06-12-2021

Director

K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION

TECHNOLOGY

GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021**Name of the School : K. S. School of Business Management & Information Technology**

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

--

Personal Details

Name in Full : BHAVSAR ARCHI PARESHKUMAR
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

BHAVSAR ARCHI PARESHKUMAR

Shri/Smt/Kum

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K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
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GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

--

Personal Details

Name in Full : GOHEL HARSH MANISHBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE

I certify that

GOHEL HARSH MANISHBHAI

Shri/Smt/Kum

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K.S.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

--

Personal Details

Name in Full : BHANDERI HINAL NITESHBHAI
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

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INvariably BE ATTACHED.**

CERTIFICATE

I certify that

BHANDERI HINAL NITESHBHAI

Shri/Smt/Kum

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Director

K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD

Form No. 565

Rs. 25/- Only

Roll No. 3344

Fee Receipt



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

Third YEAR M.Sc.(CA&IT) EXAMINATION DEC-2021

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Sem: Fifth (5th)	Year: TY MSC	Course: M.Sc. (CA & IT)
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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

Personal Details

Name in Full : PADARIYA RAXITA DINESHBHAI
(In capital letters)

Full Residential Address:

Phone No: _____
Gender: _____
Category: _____

IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INVARIABLY BE ATTACHED.

CERTIFICATE
PADARIYA RAXITA DINESHBHAI

I certify that

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Date: 06-12-2021

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K.SCHOOL OF BUSINESS MANAGEMENT & INFORMATION
TECHNOLOGY
GUJARAT UNIVERSITY, AHMEDABAD



GUJARAT UNIVERSITY

M.Sc.IN COMPUTER APPLICATIONS AND INFORMATION TECHNOLOGY

[FIVE YEAR'S FULL-TIME INTEGRATED DEGREE COURSE

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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

--

Personal Details

Name in Full : MEHTA PANKTI RAKESH
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

**IMPORTANT: AN ADDITIONAL PASSPORT SIZED PHOTOGRAPH MUST
INvariably BE ATTACHED.**

CERTIFICATE**MEHTA PANKTI RAKESH**

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Shri/Smt/Kum

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GUJARAT UNIVERSITY, AHMEDABAD



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Yours faithfully,

Date: 06-12-2021

Signature of the Candidate:

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Personal Details

Name in Full : PATEL PRACHI HITESHKUMAR
 (In capital letters)

Full Residential Address:

Phone No: -----
 Gender: -----
 Category: -----

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I certify that

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