

STUDENT EXAMINATION FORM

March/October- _____ Regular/ATKT/Additional/Medical Ground.

First/Second /Third Year-B.Com/B.Sc./B.Sc.(I.T.)/B.Sc.(C.S.)/B.M.S./BAF/BBI

Name of Student:- _____

Class (Currently Studying):- _____ Roll No:- _____

Address:- _____

Mobile No- _____

Sir/Madam,

I wish to appear for the following subjects which are mentioned below:

Sr. No	Subject	Ext/int/ Pract	Sem	Sr. No	Subject	Ext/Int/ Pract	Sem
1				5			
2				6			
3				7			
4				8			

*Note: Students should enter the subjects correctly. No refund or correction will be made afterwards.

I request permission to present myself for the said examination and remit herewith Rs: _____ as the fees towards examination to be conducted in March/October 20 _____

Date:- _____

Sign of Candidate:- _____

Exam fees structure as per University of Mumbai circular (VCD No. Exam/Fees/15/2018 dated 31st Jan ,2018)

Sr.No	Count of subject	Exam Fees	Statement of Marks Fees	Form Fees	Total
01	One subject	210/-	50/-	10/-	270/-
02	Two subjects	420/-	50/-	10/-	480/-
03	Three or more subjects	945/-	50/-	10/-	1005/-

Remark-(For office use only)

Clerk	Accounts	Inward Status	Exam Dept
Form Check Status-	Rpt No-	Sign of Staff } Date:-	Remark(if any)-
Fees-	Sign-		
Sign-			