



MUMBAI PRADESH ARYA VIDYA SABHA's  
**GURUKUL COLLEGE OF COMMERCE**

(PERMANENT AFFILIATED TO THE UNIVERSITY OF MUMBAI)  
(REPEATER STUDENTS DETAIL FORM - ONLY TY - UNV. EXAM)

Office Use

|   |            |                                |                |                                 |                        |   |                               |       |  |
|---|------------|--------------------------------|----------------|---------------------------------|------------------------|---|-------------------------------|-------|--|
| UID ( STUDENT ID)   |            |                                |                | DATE                            |                        |   |                               |       |  |
| EXAM FOR<br>(MENTION CLASS)                                       | T.Y.B.COM. |                                |                | SEMESTER                        | V / VI                 | EXAM MONTH<br>& YEAR                        | OCT-NOV / MAR-APR             |       |  |
| LAST ATTEMPTED<br>(FAILED) EXAM DETAIL                            | (MONTH)    | (YEAR)                         |                | PATTERN<br>(AS PER HALL TICKET) |                        | REV 16- 10 POINTS / C7525                   |                               |       |  |
| HSC PASSING YEAR :-   |            | PRN NO. -                      |                |                                 |                        |   |                               |       |  |
| NAME OF STUDENT<br>(IN ENGLISH)                                   | (SURNAME)  | (NAME)                         |                | (FATHER'S NAME)                 |                        |   | (MOTHER'S NAME)               |       |  |
| NAME OF STUDENT<br>(मराठीत नाव)                                   | (आडनाव)    | (नाव)                          |                | (वडिलांचे नाव)                  |                        |   | (आईचे नाव)                    |       |  |
| ADDRESS   |            |                                |                |                                 |                        |   |                               |       |  |
| CONTACT NO.   | (MOB.)     |                                |                |                                 | (RES)                  |   |                               |       |  |
| ALTERNATIVE NO.   | (MOB.)     |                                |                |                                 | (OFF)                  |   |                               |       |  |
| EMAIL ID.   |            |                                |                |                                 |                        |   |                               |       |  |
| ONLY<br>FAILED SUBJECT<br>NAME<br>(FOR WHICH EXAM<br>IS REQUIRED) |            |                                |                |                                 |                        |   |                               |       |  |
| TOTAL NO. OF FAILED SUBJECT                                       |            |                                |                |                                 |                        |   |                               |       |  |
| TOTAL AMOUNT AS PER DATE  |            |                                |                |                                 |                        |   |                               |       |  |
|   | Pass/ATKT  | MONTH & YEAR<br>OF EXAMINATION | CREDIT<br>EARN | (C X G)                         | SGPI                   | GRACE IF<br>ANY (ONLY<br>IN SEM - 2<br>& 4) | FINAL SGPI<br>(INCL<br>GRACE) | GRADE |  |
| LOWER EXAM<br>(STATUS) (AS PER<br>YOUR LAST<br>MARKSHEET)         | Sem-1      |                                |                |                                 |                        | XXXXXX                                      |                               |       |  |
|   | Sem-2      |                                |                |                                 |                        |   |                               |       |  |
|   | Sem-3      |                                |                |                                 |                        | XXXXXX                                      |                               |       |  |
|   | Sem-4      |                                |                |                                 |                        |   |                               |       |  |
|   |            |                                |                |                                 | (SIGNATURE OF STUDENT) |   |                               |       |  |

Note :-

- :- Last attempted exam Hall Ticket / Exam Form (Recd on mobile) alongwith consolidated Result PDF Copy is compulsory
- :- COPY OF HSC MARKSHEET
- :- FEES RECEIVED BY CASH ONLY AS PER CIRCULAR ONLY
- :- ALWAYS CHECK UNIVERSITY SITE AS WELL AS COLLEGE WEBSITE FOR EXAM SCHEDULE



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| EXAM FOR<br>(MENTION CLASS)                                       | T.Y.B.A.F. |           |                                | SEMESTER       | V / VI                          | EXAM MONTH<br>& YEAR | OCT-NOV / MAR-APR                           |                               |       |  |  |
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| NAME OF STUDENT<br>(मराठीत नाव)                                   | (आडनाव)    |           | (नाव)                          |                | (वडिलांचे नाव)                  |                      | (आईचे नाव)                                  |                               |       |  |  |
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|   | Sem-2      |           |                                |                |                                 |                      |   |                               |       |  |  |
|   | Sem-3      |           |                                |                |                                 |                      | XXXXXX                                      |                               |       |  |  |
|   | Sem-4      |           |                                |                |                                 |                      |   |                               |       |  |  |
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|   | Sem-4      |                                |                                 |                        |                           |   |                               |       |  |
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