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Student's Nam	e: LALW	ANI SIMRAN SU	RESHKUMAR			Mothe	er's Name: PO	OJA		Gender: Fem	nale
Name in Verna	acular Langu	lage: लालवाणी सि	मरन स्रेशकुमार								
Address: SIND		-	5 5								
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Telephone no.			.	oile no: 917507			Email			12000@GMA	
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Name in Verna	acular Langu	lage: पाटिल राहुत	न पंढरीनाथ								
Address: TAKA	AR KHEDA										
City: DHRANG	AON, Taluk	a: Dharangaon, I	District: Jalga	on, State: Mahar	ashtra, PIN: 425	5109					
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Address: PLOT	Γ NO 2 AJIN	ITHA ROAD BEH	INED KASTURI	HOTEL PUAS	SNA NAGAR						
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Project Viva Fee													
Statement of Marks Fee													
Sub Total:													
Pay	ment Detai	ls:	Amount Receive			•	eceipt No.	and Date:					
DD I	-			IICR No:		DD Da	ite:		Bar	ık:			
To, l	Director,Bo	ard of Exam	nination and Eva	luations / The	Controller Of Ex	amination,				Place:			
					on. I have remitted t to the best of my l					Date:			
the li	st of books p	prescribed for	the examination fo	r which I am ap	ppearing. I shall not	request for any spe	cial concess	sion such as chang	ge in time				
	or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.												
										S	tudent's Signa	ature	
											tudonico olgin		
	•	•	DD/Chairperson									_	
fulfill rules	form is care ment/rectific	fully scrutinize	ed by the College s		The information priet of this College a						he responsibilit		
	form is care ment/rectific	fully scrutinize	ed by the College s								he responsibilit		