

Sadhana Education Society's

L S RAHEJA COLLEGE OF ARTS & COMMERCE, MUMBAI 400 054

**FORM OF ATKT /ADDITIONAL EXAMINATION (SYBCOM / SYBA SEM. III/IV) 20 - 20**

To,  
The Principal,  
L S Raheja College of Arts & Commerce,  
Mumbai 400 054.

Examination Fee : ₹. 1000/-



Sir,

I, Mr./Ms. \_\_\_\_\_

(Surname)

(Own name)

(Father's Name)

(Mother's name)

(Division \_\_\_\_ Roll No. \_\_\_\_ Seat No. \_\_\_\_ ) of the \_\_\_\_\_ Course wish to appear for the additional ATKT (Internal and/or Semester End for Semester III / IV ) examination to be held in First half (March) of 20 \_\_\_\_ / Second half (October) 20 \_\_\_\_ .

(Read the following instructions carefully before filling the table below. If you wish to claim exemption in a subject, write 'EX' in column four/six against the subject. If you are appearing for the subject, write 'AP' in column four/six again. Enclose photocopy of the marksheet of the last SYBCom. Exam.)

| Sr. No. | Subject / Course | Marks Obtained       |       |                       |       | Seat No. of the last Exam. |
|---------|------------------|----------------------|-------|-----------------------|-------|----------------------------|
|         |                  | Internal Examination | AP/EX | External Semester End | AP/EX |                            |
| 1       | 2                | 3                    | 4     | 5                     | 6     | 7                          |
|         |                  |                      |       |                       |       |                            |
|         |                  |                      |       |                       |       |                            |
|         |                  |                      |       |                       |       |                            |
|         |                  |                      |       |                       |       |                            |
|         |                  |                      |       |                       |       |                            |
|         |                  |                      |       |                       |       |                            |
|         |                  |                      |       |                       |       |                            |

My Residential address is \_\_\_\_\_

\_\_\_\_\_ Residence (Telephone No.) \_\_\_\_\_

I do not owe any dues to the college.

Yours faithfully,

Date: \_\_\_\_\_

(Signature of the student)

(For office use only)

Receipt No. & Date \_\_\_\_\_

Signature \_\_\_\_\_