

Roll No.: 2215137220014

Course Name: B.Com. II Semester (CBCS)

Semeter:

Student's Personal Details

Student's Name:ADARSH TRIPATHIFather's Name:SHIVRAM TRIPATHIMother's Name:REETA TRIPATHI

Gender: MALE

Date of Birth: 2004-06-25

Category: GEN

Disability: NO

Student's Contact Details

Correspondence Address: KALANEE BUZURG
Permanent Address: KALANEE BUZURG

State :UTTAR PRADESHDistrict :GORAKHPURMobile No. :8318455267Alternate Mobile No. :8318455267Email ID:adarshtripathi09876@gmail.comAadhar No. :974499316362

Student's Fee Details

Mis No.: 7222235140202 Registration and Examination 500

Fee(Rs):

Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891305504

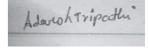
Customer ID: 7222235140202_514 Payment Mode: ONLINE

Student's Subject List

S.No.	Exam Type	Subject Code	Subject Name
1	BACK	COM115	COMPUTERSIZED ACCOUNTING

Declaration by the Student

I SOLEMNLY DECLARE THAT ALL THE INFORMATION MADE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND INCORRECT, MY CANDIDATURE CAN BE CANCELLED



Signature of Student's

Declaration by The College

CERTIFIED THAT SRI. /KM / SMT.IS A BONAFIDE STUDENT OF. .ALL THE DOCUMENTS OF QULIFYING EXAMINATIONS HAS BEEN VERIFIED, FOUND CORRECT AND REQUIRED DOCUMENTS ARE ATTACHED WITH THIS EXAMINATION FORM.ATTENDANCE IS MORE THAN 75% AND THE CANDIDATE IS ELIGIBLE FOR APPLIED EXAMINATION.

Signature of Office Assistant



Roll No.: 2215137220018

Course Name: B.Com. II Semester (CBCS)

Semeter:

Student's Personal Details

 Student's Name:
 AJEET KUMAR MISHRA

 Father's Name:
 RADHESHYAM MISHRA

Mother's Name: SUMITRA
Gender: MALE
Date of Birth: 2002-07-06
Category: GEN
Disability: NO



Student's Contact Details

Correspondence Address: BELHAR KALAN,272125
Permanent Address: BELHAR KALAN,272125

State : UTTAR PRADESH District : SANT KABEER NAGAR Mobile No. : 8052313780 Alternate Mobile No. : 8052313780

Email ID: mishraajeet909@gmail.com Aadhar No.: 971234426872

Student's Fee Details

Mis No.: 7222235140202 Registration and Examination 500

Fee(Rs):

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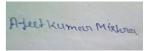
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Student's Subject List

S.No.	Exam Type	Subject Code	Subject Name
1	BACK	HND100	RASHTRA GAURAV (COMPULSORY)

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Signature of Office Assistant



Roll No.: 2215137220023

Course Name: B.Com. II Semester (CBCS)

Semeter:

Student's Personal Details

Student's Name:AMAN MISHRAFather's Name:MURLI MISHRAMother's Name:PRITI DEVIGender:MALEDate of Birth:2004-07-21Category:GENDisability:NO



Student's Contact Details

Correspondence Address: BHAWANI CHHAPER,GOPALGANJ,841428
Permanent Address: BHAWANI CHHAPER,GOPALGANJ,841428

State :BIHARDistrict :SIWANMobile No. :8957101034Alternate Mobile No. :8957101034Email ID:officialaman155@gmail.comAadhar No. :894309081716

Student's Fee Details

Mis No.: 7222235140202 Registration and Examination 500

Fee(Rs):

Transaction Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891305504

Customer ID: 7222235140202_514 Payment Mode: ONLINE

Student's Subject List

S.No.	Exam Type	Subject Code	Subject Name
1	BACK	HND100	RASHTRA GAURAV (COMPULSORY)

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Signature of Office Assistant



Roll No.: 2215137220082

Course Name: B.Com. II Semester (CBCS)

Semeter:

Student's Personal Details

Student's Name: SACHIN KUSHWAHA

Father's Name: SANJAY KUMAR KUSHWAHA

Mother's Name: BINDU DEVI Gender: MALE

Date of Birth: 2004-07-15
Category: GEN
Disability: NO



Student's Contact Details

Correspondence Address: ISMAILPUR WARD NO.67,273001
Permanent Address: ISMAILPUR WARD NO.67,273001

State :UTTAR PRADESHDistrict :GORAKHPURMobile No. :8795889539Alternate Mobile No. :8795889539Email ID:sachinkushwaha710@gmail.comAadhar No. :00000000000

Student's Fee Details

Mis No.: 7222235140202 Registration and Examination 500

Fee(Rs):

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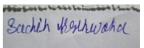
Customer ID: 7222235140202_514 Payment Mode: ONLINE

Student's Subject List

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1	BACK	COM115	COMPUTERSIZED ACCOUNTING

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Signature of Office Assistant



Roll No.: 2215137220089

Course Name: B.Com. II Semester (CBCS)

Semeter:

Student's Personal Details

Student's Name:SHAILESHFather's Name:VINOD KUMARMother's Name:KISMATI DEVIGender:MALEDate of Birth:2003-10-17

Category: SC Disability: NO



Student's Contact Details

Correspondence Address: DOHARIYA BAZAR
Permanent Address: DOHARIYA BAZAR

State :UTTAR PRADESHDistrict :GORAKHPURMobile No. :6307097322Alternate Mobile No. :6307097322Email ID:shaileshkumarg.k.p69@gmail.com Aadhar No. :588396772778

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Fee(Rs):

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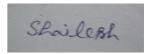
Customer ID: 7222235140202_514 Payment Mode: ONLINE

Student's Subject List

S.No.	Exam Type	Subject Code	Subject Name
1	BACK	HND100	RASHTRA GAURAV (COMPULSORY)

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Signature of Office Assistant



Roll No.: 2215137220193

Course Name: B.Com. II Semester (CBCS)

Semeter:

Student's Personal Details

Student's Name:SHREYA KUSHWAHAFather's Name:LAXMAN JI KUSHWAHAMother's Name:MANJU KUSHWAHA

Gender: FEMALE

Date of Birth: 2002-04-13

Category: OBC

Disability: NO



Student's Contact Details

Correspondence Address: NAKI ROAD INFRONT OF J.J HOSPITAL Permanent Address: NAKI ROAD INFRONT OF J.J HOSPITAL

State :UTTAR PRADESHDistrict :GORAKHPURMobile No. :9305302350Alternate Mobile No. :9305302350Email ID:likershubham370@gmail.comAadhar No. :662608387601

Student's Fee Details

Mis No.: 7222235140202 Registration and Examination 500

Fee(Rs):

Transaction Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891305504

Customer ID: 7222235140202_514 Payment Mode: ONLINE

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S.No.	Exam Type	Subject Code	Subject Name
1	BACK	COM113	BUSINESS MANAGEMENT-II

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Signature of Office Assistant