

## APPLICATION FOR ISSUE OF DUPLICATE RECEIPT

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

To,

The Principal

MSG-SGKM College of ASC,

Ghatkopar (East), Mumbai 400 077.

**Sub: Issue of Duplicate Fee Receipt**

**BMS/BAF/BSc-IT/ BSc-CS**

Sir/Madam,

I \_\_\_\_\_  
(Full Name)

studying in \_\_\_\_\_ Program in \_\_\_\_\_ Class \_\_\_\_\_ div. bearing Roll  
No. \_\_\_\_\_ for the year 20\_\_ - 20\_\_. I lost my original fee receipt, so kindly issue me a  
duplicate fee receipt & oblige.

Signature of the Student

**For Office Use**

Received Rs. 100/-

Misc. Receipt No. \_\_\_\_\_

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

Receiver's Signature \_\_\_\_\_

**APPLICATION BY A STUDENT SEEKING PERMISSION TO APPEAR FOR THE ADDITIONAL CLASS TEST ON ACCOUNT OF ABSENCE AT THE CLASS TEST UNDER THE INTERNAL ASSESSMENT SCHEME (20 - 20 ) OF \_\_\_\_\_ PROGRAM**

To,  
The Principal,  
MSG-SGKM College of ASC,  
Ghatkopar (East), Mumbai 400 077.

**Sub.:** Permission for appearing for the **ADDITIONAL CLASS TEST** at the Internal Assessment of Semester I / II / III / IV / V / VI Examination of \_\_\_\_\_ Program.

(strike off whichever is not applicable)

Sir,

I, Mr./Ms. \_\_\_\_\_ student of \_\_\_\_\_ class bearing Roll No. \_\_\_\_\_ and Seat No. \_\_\_\_\_ was absent for the **CLASS TEST** conducted on \_\_\_\_\_ as part of the Internal Assessment at Semester I / II / III / IV / V / VI examination.

The reason of my absence at the examination is:

a. Medical Ground : \_\_\_\_\_  
\_\_\_\_\_.

b. Any other (Please specify) : \_\_\_\_\_  
\_\_\_\_\_.

Attached along with is/are the following document/s: (Strike off whichever is not applicable)

- a. For absence on medical ground (if absence is of max 3 days): Pathology Report, if available. Medical Certificate for absence and fitness, Doctor's prescription, bill/s for purchase of medicine.
- b. For absence on medical grounds (if absence exceeds 3 days): Pathology Report/ Any other report supporting the reason for absence i.e. admit & discharge card/X-ray report etc. Medical Certificate for absence and fitness, Doctor's prescription, bill/s for purchase of medicine.
- c. For absence on account of travel for some personnel/religious purpose: Original copy of the Tickets of travel based on the mode of travel Train Ticket/Bus Ticket/ Boarding Pass.
- d. For any other reason: related documents:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

I am aware that the submission of this letter with/without the documents does not imply or establish my right to appear for the additional examination and that the college authorities have every right to reject the application if the reason/s for absence is not found suitable/ valid. It will be my responsibility to see the notice boards and verify if my request for appearance for additional examination is approved or not.

I further state that the information provided above is true and factual and that the college authorities can take disciplinary action against me for providing incorrect/misleading information.

Yours truly,

Name & signature of the Student

I state that the information provided above is true and factual.

Name & signature of the Parent/Guardian

**APPLICATION SEEKING PERMISSION TO APPEAR FOR THE ADDITIONAL SEMESTER END EXAMINATION ON ACCOUNT OF ABSENCE AT THE SEMESTER END EXAMINATION CONDUCTED IN FIRST / SECOND HALF OF 20\_\_\_ OF \_\_\_\_\_ PROGRAM**

To,  
The Principal,  
MSG-SGKM College of ASC,  
Ghatkopar (East), Mumbai 400 077.

**Sub.:** Permission for appearing for the **ADDITIONAL SEMESTER END EXAMINATION** of Semester I / II / III / IV Examination conducted in First / Second Half of 20 \_\_\_ of \_\_\_\_\_ Program.

**(strike off whichever is not applicable)**

Sir,

I, Mr./Ms. \_\_\_\_\_ student of \_\_\_\_\_ class bearing Roll No. \_\_\_\_\_ and Seat No. \_\_\_\_\_ was absent for the **SEMESTER END EXAMINATION** conducted as part of the Semester I / II / III / IV examination of \_\_\_\_\_ Program as per details given below:

Date	Subject	Date	Subject

The reason of my absence at the examination is:

a. Medical Ground : \_\_\_\_\_

\_\_\_\_\_.

b. Any other (Please specify) : \_\_\_\_\_

\_\_\_\_\_

Attached along with is/are the following document/s: **(Strike off whichever is not applicable)**

- a. For absence on medical ground (if absence is of max 3 days): Pathology Report, if available. Medical Certificate for absence and fitness, Doctor's prescription, bill/s for purchase of medicine.
- b. For absence on medical grounds (if absence exceeds 3 days): Pathology Report/ Any other report supporting the reason for absence i.e. admit & discharge card/X-ray report etc. Medical Certificate for absence and fitness, Doctor's prescription, bill/s for purchase of medicine.

c. For absence because of travel for some personnel/religious purpose: Original copy of the Tickets of travel based on the mode of travel Train Ticket/Bus Ticket/ Boarding Pass.

d. For any other reason: related documents:

☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

I am aware that the submission of this letter with/without the documents does not imply or establish my right to appear for the additional examination and that the college authorities have every right to reject the application if the reason/s for absence is not found suitable/ valid. It will be my responsibility to see the notice boards and verify if my request for appearance for additional examination is approved or not.

I further state that the information provided above is true and factual and that the college authorities can take disciplinary action against me for providing incorrect/misleading information.

Yours truly,

Name & signature of the Student

I state that the information provided above is true and factual.

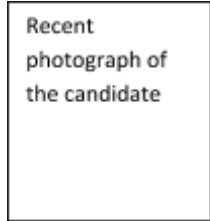
Name & signature of the Parent/Guardian

**APPLICATION FORM FOR APPEARING AT THE OF ATKT /ADDITIONAL EXAMINATION**

**(FYBCOM SEM. I / II) 20 - 20**

**Exam.: Rs. 200 / 400 / 900.**

To,  
The Principal,  
MSG-SGKM College of ASC,  
Ghatkopar (East), Mumbai 400 077.



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 I / II ) 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. Enclosed is a photocopy of the marksheet of the last FYBCom. / FYBA 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 of the clerk with date

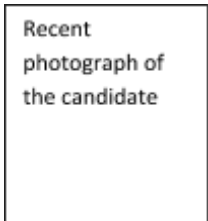
**College Seal**

**APPLICATION FORM FOR APPEARING AT THE OF ATKT /ADDITIONAL EXAMINATION**

**(SYBCOM SEM. III / IV) 20 - 20**

**Exam.: Rs. 200 / 400 / 900.**

To,  
The Principal,  
MSG-SGKM College of ASC,  
Ghatkopar (East), Mumbai 400 077.



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. Enclosed is a 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)**

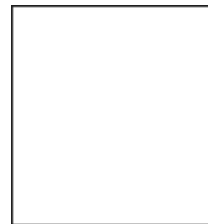
Receipt No. & Date \_\_\_\_\_ Signature \_\_\_\_\_

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**  
**FORM OF ATKT /ADDITIONAL EXAMINATION 20\_\_ - 20\_\_**

**F.Y. BMS / BAF / B.Sc.(IT) / B.Sc. CS**

**Examination Fee : ` . 1000/-**

To,  
 The Principal,  
**MSG-SGKM College of Art, Science, Commerce,**  
 Mumbai 400 077.



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 I / II ) 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. Enclosed is a photocopy of the marksheet of the last FYBCom. 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 \_\_\_\_\_

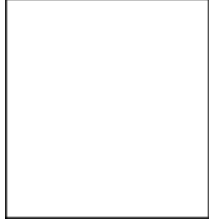


**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**  
**FORM OF ATKT /ADDITIONAL EXAMINATION 20\_\_ - 20\_\_**

**S.Y. BMS / BAF / B.Sc.(IT) / B.Sc. CS**

Examination Fee : ` . 1000/-

To,  
 The Principal,  
**MSG-SGKM College of Art, Science, Commerce,** Mumbai: 400 077.  
 Mumbai 400 077.



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. Enclosed is a photocopy of the marksheet of the last FYBCom. 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)

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**(For office use only)**

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

**MSG-SGKM College of Art, Science, Commerce**

**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**

**APPLICATION FOR VERIFICATION AND / OR PHOTOCOPY AND / OR REVALUATION OF ANSWER PAPER/s OF THE EXAMINATIONS HELD November / March 20\_\_ in \_\_\_\_\_ Course**

(as per VCD Ref. No.: AA / ICD / 2016-17 / 101 dated 01 / 07 / 2016)

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

The Principal,

**MSG-SGKM College of Art, Science, Commerce, Mumbai: 400 077**

Sir,

I, Mr. /Ms. \_\_\_\_\_ of \_\_\_\_\_ Class bearing Roll no/ \_\_\_\_\_ Seat No:

\_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_, phone No: \_\_\_\_\_ wish to apply for the

verification and / or photocopy and/or revaluation of the answer book/s in the following course/s of semester

\_\_\_\_\_ examinations held in the month of \_\_\_\_\_.

Sr. No.	Answer book in the Course of (Name of the courses)	Marks Obtained	Total Marks assigned	Applied for Verification / Photocopy / Revaluation
1				
2				
3				
4				
5				
6				
7				

**I AGREE TO THE FOLLOWING TERMS AND CONDITIONS WHICH ARE BINDING ON ME.**

1. I am aware that my original marks will become null & void as soon as I submit my application for revaluation and I agree with the same.
2. Incomplete application forms, applications with false Information, unsigned applications shall be rejected without assigning any reason whatsoever and the fees paid along with the application form neither shall be refunded nor will any representation be entertained in such cases.
3. On receipt of Photocopy(ies) I shall be the sole custodian of it and under any circumstances I shall not part with the custody / possession of the same and shall not use the same for any other purpose(s).
4. The Photocopy(ies) so obtained by me shall be for his / her exclusive and relevant use. Neither myself nor any other person can use the said copy to dispute or challenge the quality of assessment or quantum of marks assigned to the answer there-in.

5. If I am found guilty of indulging in any act / attempt, I shall be liable to be tried before the Unfair Means Inquiry Committee of the University and the decision taken by the authorities based on the recommendation of the said committee shall be final.
6. If I indulgence / commission in unfair act / attempt are proved, I shall be liable for the punishment ranging from:
  - i. Cancellation of my marks in the said subject either original or after revaluation,
  - ii. Cancellation of my result in full of the said examination,
  - iii. Annulment of examination(s) maximum up to 5 examinations.

**Signature of the student**

**For Office use:**

Case No. \_\_\_\_\_ Fees Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the clerk

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**  
**APPLICATION FORM FOR ISSUE OF DUPLICATE MARK SHEET.**

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

To,  
The Principal,  
**MSG-SGKM College of Art, Science, Commerce,**  
Mumbai 400 077.

**Sub. : Duplicate Marksheet/Passing Certificate**

Dear Sir,  
I, Miss/Mr. \_\_\_\_\_, student of your college misplaced my  
marksheet of Semester \_\_\_\_\_ Examination of \_\_\_\_\_ Class of \_\_\_\_\_ Program. Please  
issue me a duplicate Mark sheet/Passing Certificate. Attached along with is the FIR registered with  
\_\_\_\_\_ police station and the copy of the lost mark sheet **(if available)**.

Details of the Examination are as given below:

1. Examination was conducted in \_\_\_\_\_.
2. My Seat No and / or Roll No. for the examination was \_\_\_\_\_.

The required fees Rs. \_\_\_\_\_ (Rs.100 for marksheet and Rs.100 for passing certificate for degree  
College) and Rs.10 (for Junior College) is paid herewith.

Yours faithfully,

(Name of the Student with signature)

**FOR OFFICE USE ONLY**

Received Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_ date \_\_\_\_\_

Being the payment against duplicate mark sheet/passing certificate.

Signature of the clerk

Contact No.- 1)

2)

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**

**APPLICATION FOR SUBMISSION OF MEDICAL CERTIFICATE**

From

Mr./Miss. \_\_\_\_\_

Class: \_\_\_\_\_ Div. \_\_\_\_\_ Roll No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Student Number: \_\_\_\_\_

To,  
The Principal,  
**MSG-SGKM College of Art, Science, Commerce, Mumbai 400 077.**

Sir,  
I could not attend my regular classes from \_\_\_\_\_ to \_\_\_\_\_ (both days inclusive) on account of the following illness \_\_\_\_\_

Medical Certificate dates \_\_\_\_\_ issued by Dr. \_\_\_\_\_  
\_\_\_\_\_ as required by rules is attached.

Yours faithfully,

(Signature of Student)

(Countersign of Guardian)

**Rules:**

1. Fully completed and signed application form should be given in office during office hours on any working day within **THREE DAYS** of resuming attendance.
2. An official receipt will be given by the office on submission of application. The receipt should be preserved by the student.
3. The medical certificate submitted does not amount to attending classes or examination or test. It only explains the medical condition of students.
4. Medical Certificate without specifying the exact dates should not be accepted.
5. If a student is absent for more than three days, details of medical report – pathology test, X-ray reports etc. should be submitted.

\*\*\*\*\*

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**

FORM FOR IDENTITY CARD & LIBRARY READER'S TICKET

Fee Receipt No. \_\_\_\_\_ Student No. \_\_\_\_\_ Date: \_\_\_\_\_

To,  
The Principal,  
**MSG-SGKM College of Art, Science, Commerce,**  
**Mumbai 400 077.**



Student Signature (in Black Ink only)

Sir,

I, the undersigned, hereby apply for an Identity Card and Reader's Ticket entitling me to borrow books from the Library. I hereby undertake to replace or pay the entire price of any book belonging to the College Library, which shall be lost or mutilated by me and to pay fines and expenses in recovering the same in accordance with Rules, which I agree to abide. I shall observe all Rules and Regulations of the Library.

To be filled in by Students in **BLACK INK** and in **CAPITAL LETTERS** only.

Class: \_\_\_\_\_ Div.: \_\_\_\_\_ Roll No. : \_\_\_\_\_

Full Name \_\_\_\_\_  
(Surname) (First Name) (Father's/Husband's Name) (Mother's Name)

Local Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blood Group \_\_\_\_\_ Contact No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail ID \_\_\_\_\_

Yours faithfully,

(Signature of Student)

\*\*\*\*\*

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**

**RAILWAY CONCESSION FORM**

DATE : \_\_\_\_\_

NAME IN FULL (IN BLOCK LETTERS)

Mr. Ms. \_\_\_\_\_  
                    (SURNAME)            (FIRST NAME)            (FATHER'S NAME)            (MOTHERS NAME)

CLASS : \_\_\_\_\_ DIV: \_\_\_\_\_ ROLL NO. \_\_\_\_\_

ADDRESS (LOCAL) (IN BLOCK LETTERS): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE IN COMPLETE: YEAR \_\_\_\_\_ MONTH \_\_\_\_\_

**Student Number** \_\_\_\_\_

CLASS (RAILWAY) : **FIRST/SECOND**      PERIOD: **MONTHLY/QUARTERLY**

STATION : FROM \_\_\_\_\_ TO SANTACRUZ

RAILWAY : **WESTERN / CENTRAL**

I hereby state and certify that the above information is true and factual.

Yours faithfully,

(Signature of Student)

**To be used by office only:**

1. Date of Issue: \_\_\_\_\_

2. Concession form No. \_\_\_\_\_

Signature of the Clerk

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**  
**APPLICATION FOR TRANSCRIPT**

N.B. Please complete this form and submit it to the College Office.

Incomplete forms will not be considered.

Charges for Transcripts: Rs. 1000/- for 5 copies. Every additional copy will be charged at rate of Rs. 50/- per copy.

**The Principal,**  
**MSG-SGKM College of Art, Science, Commerce,**  
Mumbai 400 077.

Sir,

I wish to apply for transcripts. Given below is the required information and documents.

**1. Personal Details: (PLEASE USE CAPITAL LETTERS ONLY)**

NAME: \_\_\_\_\_

(Surname)

(Name)

(Father's Name)

2. E-mail Address: \_\_\_\_\_ Current Student  Alumnus

If Current student, mention Class and division \_\_\_\_\_

If Alumnus, Specify year of graduation \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Current Address (If different from permanent address): \_\_\_\_\_  
\_\_\_\_\_

Tel: (Resident): \_\_\_\_\_ Mobile No: \_\_\_\_\_

4. Purpose for applying for a Transcript: \_\_\_\_\_

No. of Copies required: \_\_\_\_\_

**5. University Application Details:**

Details of University (s) applying to: (Please ✓ the appropriate box)

Country:  USA  UK  Canada  Australia  Other \_\_\_\_\_

If other, please mention \_\_\_\_\_

University Name (s) \_\_\_\_\_  
\_\_\_\_\_



Degree:  Undergraduate  Graduate  Post graduate  Masters

Course Name: \_\_\_\_\_

I certify that the information given above is true and the documents attached are original and authentic.

I further state that I will use the documents for the reasons stated above.

Date:

Signature of the student/ Parent/ Guardian

**DOCUMENTS REQUIRED WITH THIS FORM:**

- ✓ Original copies of the Mark sheets / Self Attested copies of the Mark sheets of all the attempts and all the classes.
- ✓ Written application
- ✓ Copies of the form of the foreign university (ies) the student wishes to apply
- ✓ If the applicant is other than the student, a letter duly signed by the student authorizing the applicant to apply for and collect the transcript on his/her behalf. The application must be in original. Copy of the mail or Photocopy of the application will not be entertained.

Dated signature of  
the clerk who has  
accepted the  
application

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**  
**APPLICATION FOR ASSISTANCE FROM STUDENTS AID FUND**

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

**MSG-SGKM College of Art, Science, Commerce, Mumbai - 77**

Sir,

I, the undersigned, wish to apply for financial assistance from Students' Aid Fund collected by the college from the students. I hereby declare that the information given by me in this application is true correct.

Yours faithfully,

Date:

(Signature of the Student)

1. Name in full (Beginning with  
surname in Block letters): \_\_\_\_\_

Class : \_\_\_\_\_ Div. \_\_\_\_\_ Roll No. \_\_\_\_\_

2. Caste: \_\_\_\_\_ Sub-Caste: \_\_\_\_\_

3. Details of the last annual Examination passed:

Name and address of the School/College	Month & Year of Passing	Seat No. & Centre	Marks Obtained	Marks Out of	Percentage

4. Have you applied for / received any other scholarship / freeship from the Government / College / any other private or public institution / organization: **YES / NO**.

**TO BE FILLED IN BY THE PARENT OR GUARDIAN**

(a) Name in full \_\_\_\_\_

(b) Relation \_\_\_\_\_ Occupation \_\_\_\_\_

(c) Annual Income from all sources, Rupees

(d) No. of dependents \_\_\_\_\_ Earning Members \_\_\_\_\_

(e) Residential Address: \_\_\_\_\_  
\_\_\_\_\_

(f) General Remarks: : \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information given in this form is correct.

Date:

(Signature of the Parent/Guardian)

\*Strike out the terms inapplicable.

**N.B.**-A student shall have to submit the certificate of income together with the application form.

**FOR OFFICE USE ONLY:**

REMARK / OBSERVATION / RECOMMENDATION OF THE CHAIRPERSON OF THE STUDENT AID FUND COMMITTEE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated signature  
Chairperson of the Committee

**PRINCIPAL'S REMARK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of the Principal

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**  
**AUTHORITY LETTER FOR COLLECTING EXAMINATION MARKSHEET**

(to be completed by the candidate and submitted to the office personally for verification before going out of station)

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

To,  
The Principal,  
**MSG-SGKM College of Art, Science, Commerce,**  
Mumbai – 400 077.

Sir,

I the undersigned, Mr./ Ms. \_\_\_\_\_ student of \_\_\_\_\_ Class bearing Roll No. \_\_\_\_\_ Seat No. \_\_\_\_\_ have passed the \_\_\_\_\_ Examinations held in \_\_\_\_\_ 20 \_\_. I am unable to take my admission personally because \_\_\_\_\_

\_\_\_\_\_. I seek your permission to authorize my \_\_\_\_\_ Mr./Ms. \_\_\_\_\_ the bearer of this letter to collect my original marksheet, of the FY / SY / TY B.M.S./ B.A.F./ B.Sc.(IT)/ B.Sc.(CS) Examination conducted by the College / University in \_\_\_\_\_ 20 \_\_\_\_\_, on my behalf.

I state that I will not hold the college responsible if the mark sheet is spoiled / damaged / lost after being collected by the bearer of this letter.

My I-card/Hall ticket is given to the bearer for presentation while collecting my mark sheet.

Full Name of the person authorized: \_\_\_\_\_

Address of the authorized person: \_\_\_\_\_

Signature of the authorized person: \_\_\_\_\_

Identification proof of the authorized person submitted to the College: \_\_\_\_\_

**Name & Signature of the student**

**Signature of the official who verified the signature of the student**

***Received original copy of the mark sheet of the above mentioned student***

Date \_\_\_\_\_

**Signature**

**(to be signed at the time of collecting mark sheet)**

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**

**LETTER OF AUTHORITY FOR TAKING ADMISSION**

(to be completed by the student and submitted to the office personality for verification before going out of station)

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

The Principal,  
**MSG-SGKM College of Art, Science, Commerce,**  
Mumbai – 400 077.

Sir,

I the undersigned, Mr./ Ms. \_\_\_\_\_ student of  
\_\_\_\_\_ Class bearing Roll No. \_\_\_\_\_ Seat No. \_\_\_\_\_ have passed the  
\_\_\_\_\_ Examinations held in \_\_\_\_\_ 20 \_\_. I am unable to take my admission  
personally because \_\_\_\_\_

\_\_\_\_\_. I seek your permission to authorize my  
\_\_\_\_\_ Mr./Ms. \_\_\_\_\_ the bearer of this letter  
to take admission to the FY / SY / TY B.M.S./ B.A.F./ B.Sc.(IT)/ B.Sc.(CS) class on my behalf. He / She will  
fulfill all the requirements of admission. (**Requirements:** Original Marksheet and three Identity Card sized  
photographs. For TY Original mark sheets of FY & SY with three Identity card sized photographs).

I understand that the admission is being given provisionally and will be confirmed only when I sign  
necessary documents and that no changes of subject will be allowed.

Full name of the person authorized to take admission: \_\_\_\_\_

Address of the authorized person in full: \_\_\_\_\_

\_\_\_\_\_  
 Signature of the authorized person :

Given below is the choice and sequence of optional subject in order of preference:

- 1.
- 2.
- 3.
- 4.
- 5.

6.

7.

☐ Identification proof of the authorized person submitted to the College: \_\_\_\_\_

I hereby state and affirm that I will not apply for change of subject or any other alteration / changes in the subject allotted to me and will not hold the college responsible for allotting me the subjects based on the information provided by me.

Name & Signature of the student

Signature of the official of who verified the signature  
and photographs of the student

Signature of the authorized person  
(at the time of taking admission)

**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**

**REPORT OF THE FIRST REVALUATION OF THE ANSWER BOOK**

**(For use for FIRST Revaluation / 2<sup>nd</sup> Examiner only)**

The Principal

**MSG-SGKM College of Art, Science, Commerce,**  
**Mumbai 400 077.**

Sir,

The answer-book of candidate bearing seat No: \_\_\_\_\_ in the course of \_\_\_\_\_, was revaluated by the undersigned, \_\_\_\_\_ of \_\_\_\_\_ College \_\_\_\_\_ on \_\_\_\_\_ at **MSG-SGKM College of Art, Science, Commerce** Mumbai-400077 at \_\_\_\_\_ a.m/pm.

Given below is the report of the revaluation:

	Examiner 1 (First examiner) (to be filled by exam committee)	Examiner 2 (1 <sup>st</sup> Re-valuator)
Name:		
Designation:		
College:	<b>MSG-SGKM College of Art, Science, &amp; Com Mumbai</b>	
Marks obtained		
Total Marks assigned		

The reason for change in marks is / are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of the Re-valuator**

**For use by Examination Committee:**

**Note:**

- i. If Marks after Revaluation (B) varies by 10% (i.e. increases by 10% or decreased by 10%) of the Total Marks assigned to the paper, REVALUATED MARKS should be considered and the result is to be processed using the revaluated marks and fresh / new mark sheet must be issued to the student after taking the original mark sheet from the student with an undertaking that he/she does not possess any

copy of the original mark sheet in print or image form. Simultaneously, arrangements must be made or actions must be initiated to refund the revaluation fees collected from the student.

- ii. If marks after revaluation varies by 25% (i.e. increases or decreases by 25% of the marks of the maximum marks assigned to the paper), Second Revaluation is MUST and marks obtained in the Second Revaluation is FINAL and binding on the student. The marks obtained after 2<sup>nd</sup> revaluation must be considered and the result is to be processed using the revaluated marks and fresh / new mark sheet must be issued to the student after taking the original mark sheet from the student with an undertaking that he/she does not possess any copy of the original mark sheet in print or image form. Simultaneously, arrangements must be made or actions must be initiated to refund the revaluation fees collected from the student.
- iii. An answer book shall also be sent for second revaluation to another examiner if on the first revaluation, the marks of the candidates are decreased below the passing marks. In such event the marks assigned by the third examiner in the second revaluation be treated as the final marks in the subject and the result is to be processed using the revaluated marks and fresh / new mark sheet must be issued to the student after taking the original mark sheet from the student with an undertaking that he/she does not possess any copy of the original mark sheet in print or image form. Simultaneously, arrangements must be made or actions must be initiated to refund the revaluation fees collected from the student.

**OBSERVATION AND REMARKS OF THE EXAMINATION COMMITTEE AFTER FIRST REVALUATION:**

The examinee / candidate with seat no. \_\_\_\_\_ has obtained \_\_\_\_\_ marks out of \_\_\_\_\_ after FIRST Revaluation.

- 1. As the revaluated marks vary <10% of the maximum marks assigned to that paper, the marks obtained by the student must be treated as final marks in the subject and the result is to be processed using the revaluated marks and fresh / new mark sheet must be issued to the student after taking the original mark sheet from the student with an undertaking that he/she does not possess any copy of the original mark sheet in print or image form. Simultaneously, arrangements must be made or actions must be initiated to refund the revaluation fees collected from the student.
- 2. As the revaluated marks have increased or decreased by more than 25% of the maximum marks assigned to that paper, second revaluation must be carried out. \_\_\_\_\_ from \_\_\_\_\_ College may be invited as 2<sup>nd</sup> Re-valuator.
- 3. As the candidate/applicant fails on account of the revaluated marks, second revaluation must be carried out. \_\_\_\_\_ from \_\_\_\_\_ College may be invited as 2<sup>nd</sup> Re-valuator.

(strike off whichever is not applicable)

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

**Signature of the Chairperson  
Examination Committee**

**REMARKS / OBSERVATION BY THE PRINCIPAL:**

\_\_\_\_\_  
\_\_\_\_\_

**Principal**



**MSG-SGKM College of Art, Science, Commerce**  
**Plot No.17, Tilak Road, Ghatkopar (East), Mumbai 400 077**

**REPORT OF THE SECOND REVALUATION OF THE ANSWER BOOK**

**(For use of the SECOND Revaluation / 3<sup>rd</sup> Examiner only)**

The Principal

**MSG-SGKM College of Art, Science, Commerce,**  
**Mumbai 400 077.**

Sir,

The answer-book of candidate bearing seat No: \_\_\_\_\_ in the course of \_\_\_\_\_, was revaluated by the undersigned, \_\_\_\_\_ of \_\_\_\_\_ College \_\_\_\_\_ on \_\_\_\_\_ at **MSG-SGKM College of Art, Science, Commerce** Mumbai-400077 at \_\_\_\_\_ a.m/pm.

Given below is the report of the revaluation:

	Examiner 1 (First examiner) (to be filled by Exam Committee)	Examiner 2 (1 <sup>st</sup> Re-valuator) (to be filled by Exam Committee)	Examiner 3 (2 <sup>nd</sup> Re-valuator)
Name:			
Designation:			
College:	<b>MSG-SGKM College of Art, Science, &amp; Com Mumbai</b>		
Marks obtained			
Total Marks assigned			

The reason for change in marks is / are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of the Re-valuator**

**For use by Examination Committee:**

**Note:**

- iv. If Marks after Revaluation (B) varies by 10% (i.e. increases by 10% or decreased by 10%) of the Total Marks assigned to the paper, REVALUATED MARKS should be considered and the result is to be

processed using the revaluated marks and fresh / new mark sheet must be issued to the student after taking the original mark sheet from the student with an undertaking that he/she does not possess any copy of the original mark sheet in print or image form. Simultaneously, arrangements must be made or actions must be initiated to refund the revaluation fees collected from the student.

- v. If marks after revaluation varies by 25% (i.e. increases or decreases by 25% of the marks of the maximum marks assigned to the paper), Second Revaluation is MUST and marks obtained in the Second Revaluation is FINAL and binding on the student. The marks obtained after 2<sup>nd</sup> revaluation must be considered and the result is to be processed using the revaluated marks and fresh / new mark sheet must be issued to the student after taking the original mark sheet from the student with an undertaking that he/she does not possess any copy of the original mark sheet in print or image form. Simultaneously, arrangements must be made or actions must be initiated to refund the revaluation fees collected from the student.
- vi. An answer book shall also be sent for second revaluation to another examiner if on the first revaluation, the marks of the candidates are decreased below the passing marks. In such event the marks assigned by the third examiner in the second revaluation be treated as the final marks in the subject and the result is to be processed using the revaluated marks and fresh / new mark sheet must be issued to the student after taking the original mark sheet from the student with an undertaking that he/she does not possess any copy of the original mark sheet in print or image form. Simultaneously, arrangements must be made or actions must be initiated to refund the revaluation fees collected from the student.

**OBSERVATION AND REMARKS OF THE EXAMINATION COMMITTEE AFTER FIRST REVALUATION:**

The examinee / candidate with seat no. \_\_\_\_\_ has obtained \_\_\_\_\_ marks out of \_\_\_\_\_ after SECOND Revaluation and this marks must be treated as final marks in the subject and the result is to be processed using the revaluated marks and fresh / new mark sheet must be issued to the student after taking the original mark sheet from the student with an undertaking that he/she does not possess any copy of the original mark sheet in print or image form. Simultaneously, arrangements must be made or actions must be initiated to refund the revaluation fees collected from the student.

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

**Signature of the Chairperson  
Examination Committee**

**REMARKS / OBSERVATION BY THE PRINCIPAL:**

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**Principal**