Swami Vivekanand Vidyaprasarak Mandal's **College of Commerce**

(Recognized by Govt. of Goa, UGC under section 2f of UGC act 1956 & Affiliated to Goa university) **Borim, Ponda Goa**

	·	REPEAT SEMESTER
	Examination Fees: Statement of Marks:	Rs. 210.00 per subject
		Rs. 90.00
	Total:	Rs. 300.00
Το.		
To: The Principal,		
SVVM's College of Commerce,		
Bori, Ponda Goa.		
Sir,		
I hereby apply for permission to appear at FYE	RCOM/SYRCOM reneat	semester I/II/III/IV
Examination of March/April/May/June/October _	•	
I am hereby submitting the necessary examinatio	n fee and Xerox copy o	f the mark sheet of
last examination appeared.		
My particulars are as follows:		
NAME (IN BLOCK LETTERS)		
ROLL NO.		
ADDRESS FOR COMMUNICATION		
PHONE NO		
MONTH & YEAR OF LAST APPEARANCE: OCT/MAF		
Details of the subjects appearing for examination	are given overleaf	
Date:		
	(Signature o	of the candidates)
(FOR OFFICE US	SE ONLY)	
	Date:	
Paid fees by Receipt No		

(Signature of receiver)

Enter A/E in the appropriate block provided against each paper

A- Appearing in the paper

E – Claiming exemption

Sr.No.	Subject	Semester	Enter
			A/E

Total Subjects appearing: _		
7	Total Rs	

Swami Vivekanand Vidyaprasarak Mandal's College of Commerce Borim Ponda Goa

Affiliated to Goa University

APPLICATION FORM TO APPEAR FOR EXAMINATION UNDER "ONE TIME OPPORTUNITY"

Examination Fees: Rs. 210.00 per subject Statement of Marks: Rs. 90.00 Exam Form: Rs. 30.00 Total: Rs. 330.00 To: The Principal, SVVM's College of Commerce, Bori, Ponda Goa. Sir, I hereby apply for permission to appear at FYBCOM/SYBCOM repeat semester I/II/III/IV Examination of March/April/May/June/October _____ I am hereby submitting the necessary examination fee and Xerox copy of the mark sheet of last examination appeared. My particulars are as follows: NAME (IN BLOCK LETTERS) ROLL NO. ADDRESS FOR COMMUNICATION _____ PHONE NO. MONTH & YEAR OF LAST APPEARANCE: OCT/MARCH/APRIL/JUNE Details of the subjects appearing for examination are given overleaf Date: (Signature of the candidates) (FOR OFFICE USE ONLY) Date: _____ Paid fees by Receipt No.

(Signature of receiver)

Enter A/E in the appropriate block provided against each paper

A- Appearing in the paper

E – Claiming exemption

Sr.No.	Subject	Semester	Enter
			A/E

Total Subjects appearing: _	
-	Total Rs