SATISH PRADHAN DNYANASADHANA COLLEGE , THANE

(ARTS, COMMERCE AND SCIENCE)

APPLICATION FOR ATKT EXAMINATION FEB/MARCH 2024-25

Program Name:-		SEM- I / II / III / IV		
GI. No. (Student Id):-		ABC ID:-		
Student Name:-				
University PRN No:-				
Mobile No:-				
(Please Tick)	Pattern 100	Pattern 60.40	Pattern 75:25	Pattern Rev-16

ATKT SUBJECTS	
Semester 1	
Semester 2	
Semester 3	
Semester 4	

UNDERTAKING

I _____ state that – The information provided in this application form is correct. In case of any issues arise in the future, I will remain responsible for it. I have reads the ATKT rules of the University of Mumbai and will abide by it. I will pay my ATKT fees via ONLINE mode through my student login at the time of form submission.

Date :   **(Students Signature)**