

# BUNTS SANGHA MUMBAI'S ANNA LEELA COLLEGE OF COMMERCE & ECONOMICS SHOBHA JAYARAM SHETTY COLLEGE FOR BMS

Shashi Manmohan Shetty Higher Education Complex, Buntara Bhavana Marg, Kurla (East), Mumbai - 400 070.

## **ADMISSION FORM**

| INO. DIVIIVI -  |          | г. т. /        | <b>3.</b> 1.        | /           | . т.          | Di          | acı    | iei   | Or<br>— | OI             | IV     | ias    | 5            | we          | uia          | <b>a</b>    |          |      |      |            |               |               |                   |      |                |
|---|----------|----------------|---------------------|-------------|---------------|-------------|--------|-------|---------|----------------|--------|--------|--------------|-------------|--------------|-------------|----------|------|------|------------|---------------|---------------|-------------------|------|----------------|
| To be filled in by the office   |          | _              |                     |             |               |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            |               |               |                   |      | $\Box$         |
| Date of Admission   |          | Roll           | No.:                |             |               |             |        |       | Г       |                |        |        |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| Class: F.Y./ S.Y. /T.Y. B.M.M.  |          | Total<br>Rs.   | Fee pa              | aid         |               |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            | leas<br>pass  |               |                   |      |                |
| Year : 2009- 10   |          | Rece           | ipt No.             |             |               |             |        |       | L       |                |        |        |              |             |              |             |          |      |      | (35        | mm            | χ 4           | 45 m              | nm)  |                |
| Semester: (If any)  |          | Date           |                     |             |               |             |        |       | i       | Stude<br>nside | e th   | is b   | ould<br>ox o | sig<br>only | n st<br>with | rictly<br>1 | /        |      |      |            | notog<br>O N  |               |                   |      |                |
| Category [SC/ST/NT/DT/SBC/OBC/Muslim/ Christian/FF/Phy.Hand./Ex.Servicemen  |          |                | ature of<br>Cashier |             |               |             |        |       |         | Blac           | k ir   | ık.    |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| Important notes, read before filling in form:  1. Please use Black ink to fill in the form and DO NOT Overwrite  2. Please fill in the fields in CAPITAL letters only.  3. Please strike off whichever is NOT applicable. Eg. If you are a Male:- Gender: Male/ Female  1. Personal Information Section |          |                |                     |             |               |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| Name of the Student   | :        |                | П                   |             |               |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            | Τ             | Π             |                   |      |                |
| (in case of change name, write current name)  |          |                |                     | Last        | Nam           | е           |        |       |         |                |        | F      | irst         | Nam         | e            |             |          |      |      | Mid        | dle N         | lame          |                   |      |                |
| Father's / Husband's Name   | :        |                |                     |             |               |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| Mother's Maiden Name<br>(Name before her marriage)  | :        |                |                     |             |               |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| Previous name of the student (In case of change name)   | :        |                |                     |             |               |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| Reason for name change  | :        | Willing        | / Afte              | er ma       | rriag         | je <b>(</b> | M      | larit | al s    | tatu           | s: l   | Jnm    | arrie        | ed /        | Maı          | rried       | I / D    | ivoi | rced | / <b>V</b> | Vido          | wed           | / D               | eser | ted            |
| Date of Birth (dd/mm/yy)  |          |                | П                   | T           | Г             |             | П      |       |         |                |        |        |              |             |              |             | Ger      | nde  | r :  |            | М             | ale           | Fe                | mal  | e T            |
| Place of Birth :  | _        |                |                     |             |               |             |        |       |         |                |        | l Ri   | loor         | 4 G         | rou          | p (\        |          |      |      |            |               |               |                   |      | _              |
| Religion :  |          | <del>   </del> | Caste               | <br>• :Г    |               |             |        |       |         |                |        | ]<br>] |              |             |              | r To        |          |      |      |            | <u> </u>      | <u></u>       | <u> </u>          |      | ㅓ              |
| Citizen of (Country Name)   |          | <br>:          |                     |             |               | T           | T      | T     | 1       | ī              | 1      | _      |              | 1           |              | 1           | J        |      | ╗    |            |               |               |                   |      | _              |
| Address for Correspondence  | :e :     |                |                     |             |               |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| State:  |          |                | П                   | Т           | ٦             | Diet        | trict  |       | Г       |                |        | Π      |              | Γ           | Π            | Ι           | Г        | Γ    | Π    |            | Т             | П             | Г                 |      | $\Box$         |
|   |          |                |                     |             | _             |             |        |       | ····    |                |        |        |              |             |              |             |          |      |      |            | <u> </u>      | _             | _                 |      | _              |
| Tehsil:   | <u> </u> |                | Щ                   |             |               | City        | // IO\ | ۷n/۱  | VIIIa   | ige            | :<br>— | 느      |              | _           | _            |             | <u>_</u> |      | _    |            | 느             | 느             | 느                 | Щ    | _              |
| Address :   |          |                |                     |             |               |             |        |       |         |                |        |        |              |             | L            |             |          |      |      |            | 上             | L             | 느                 |      | $\underline{}$ |
|   |          |                |                     |             |               |             |        |       |         |                |        |        |              |             |              | Pir         | n C      | ode  | :    |            |               |               |                   |      |                |
| Permanent Address (Write  | only     | if diffe       | rent 1              | from        | 'Ac           | ldre        | ess    | for   | CO      | rres           | spo    | nde    | ence         | e')         |              |             |          |      |      |            |               |               |                   |      |                |
| State:  |          |                |                     |             |               | Dist        | trict  | :     |         |                |        |        |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| Tehsil:   |          |                |                     |             |               | City        | /Tov   | ۷n/۱  | Villa   | ıge            | :      |        |              |             |              |             |          |      |      |            |               |               |                   |      |                |
| Native Place Address :  |          |                |                     |             | _             |             |        |       |         |                |        |        |              |             |              |             |          |      |      |            | T             | П             | $\overline{\Box}$ |      | $\exists$      |
|   |          |                |                     |             |               |             |        |       |         |                |        |        |              |             |              | Pi          | n c      | ode  |      |            | $\overline{}$ | $\equiv$      | 一                 |      | 一              |
| Contact Details :   |          |                |                     |             |               |             |        |       |         | 1              |        |        |              |             | I            | . "         | 0        |      | •    |            |               |               |                   |      |                |
| Phone # 1 : Area STD Code :   |          | $\Box$         | $\top$              |             | $\overline{}$ | $\neg$      | $\neg$ | DЬ    | one     | No             |        |        |              | Г           | Г            |             | Г        | Г    |      | Г          | $\overline{}$ | $\overline{}$ | $\overline{}$     |      | $\Box$         |
| Phone # 1 : Area STD Code :   | $\vdash$ | 1 1            | $\pm$               | <del></del> | <del>_</del>  | $\pm$       | _      |       |         | No             |        | 片      | $\vdash$     | $\vdash$    | _            | $\vdash$    | $\vdash$ | _    | _    | _          | 一             | 一             | 一                 | H    | ᆜ              |
|   |          |                |                     |             |               |             |        | 171-  |         | . 110          |        | 1      | 1            |             | 1            | 1           |          | 1    | 1    |            | 1             | 1             | 1 '               | ı I  | . 1            |

Email ID :

Sub-Caste

Category: Open / Reserved If Reserved: SC/ST/NT(A)/NT(B)/NT(C)/NT(D)/OBC/SBC

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2. Legal Reservation Information Section

Domicile State :

Caste:

3. Social Reservation Information Section tick whichever is applicable. Write name of supporting

| documents                    | attached:                   |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|------------------------------|-----------------------------|----------------------------------|-------------------------|------------------------------|--------------------------------------|--|-------------------------------------|----------|---------------------------------|--|--|--|
| Ex-S                         | Serviceman / War            | d of Ex-Se                       | erviceman               |                              | Member of project affected family    |  |                                     |          |                                 |  |  |  |
| Activ                        | ve-Serviceman/ W            | ard of Act                       | tive-Service            | eman                         | Member of earthquake affected family |  |                                     |          |                                 |  |  |  |
| Free                         | edom Fighter/ Wa            | rd of Free                       | dom Fighte              | er                           | Membe                                | r of Flood/                            | Famine affec                        | ted fami | ly                              |  |  |  |
| Ward                         | d of Primary Tead           | cher                             |                         |                              | Resider                              | nt of Tribal                           | Area                                |          |                                 |  |  |  |
| Ward                         | d of Secondary T            | eacher                           |                         | Г                            | Kashmi                               | r Migrant                              |                                     |          |                                 |  |  |  |
| Dese                         | erted / Divorced /          | Widowed                          | Women                   |                              | _                                    |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
| 4. Educational               | Details Section             |                                  |                         |                              |                                      |  | Т                                   |          |                                 |  |  |  |
| Name of Examination          | Name of<br>Board/University | Name<br>of<br>School/<br>College | Month & year of passing | Date of Passing (dd/mm/yyyy) | Exam.<br>Seat<br>No.<br>(Last)       | Degree<br>Passing<br>Certficate<br>No. | Grade<br>Total<br>Marks<br>Obtained | Out of   | Qualifying<br>Exam.<br>Yes / No |  |  |  |
| X th Std. (SSC)              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
| XII th Std<br>(Arts/Com/Sci) |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
| First Year B.M.M.            |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
| Second Year B.M.M.           |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     | _        |                                 |  |  |  |
| 5. Bortionland               | f Davanta / La              | !                                | <u> </u>                |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              | of Parents / Lo<br>i / Smt. | _                                |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         | (Father/ Mother              |                                      |  |                                     |          |                                 |  |  |  |
| Occupation :                 |                             |                                  | Annual Inc              | come (from all s             | sources)                             | Rs                                     |                                     |          | p.a.                            |  |  |  |
| No. of Family M              | embers in the F             | amily : Ea                       | arning :                | No                           | n-Earning                            | :                                      |                                     |          |                                 |  |  |  |
| Residential Add              | ress :                      |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
| Telephone No.:(F             | Res.)                       |                                  | Mo                      | obile                        |                                      |  |                                     |          |                                 |  |  |  |
| Occupation/ Office           | e Address in full           | :                                |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
| Telephone No. (              | Office) :                   |                                  | Tel                     | No.(Emergency)               |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |
|                              |                             |                                  |                         |                              |                                      |  |                                     |          |                                 |  |  |  |

| _  | <b>D</b> |    |                 |   |
|----|----------|----|-----------------|---|
| 6. | Details  | OT | HSC.Examination | 1 |

|    | I Passed the H.S.C. ( Arts /Commerce Total Marks obtained C |                   | nation at First /Second /Third attempt in March /October,20  Percentage % |
|----|---|-------------------|---|
| C. | Subjects Offered at the H.S.C.Exam.:                        | : ( ARTS / COMMER | CE / SCIENCE ) [Strike off which is not applicable]                       |
|    | a)  | e)                |   |
|    | b)  | f)                |   |
|    | c)  | g)                |   |
|    | d)  | h)                |   |

## 7. Combination of Subjects/Papers for B.M.S. (Bachelor of Management) Degree Course (Strike of which is not applicable)

| F.Y.B.M.M.   | S.Y.B.M.M.   | T.Y.B.M.M.  |  |  |  |  |
|--|--|---|--|--|--|--|
| SEMISTER - I   | SEMISTER - III   | SEMISTER - V  |  |  |  |  |
| Effective Communication Skills-I     Fundamentals of Mass     Communication     Introduction to Computers     Introduction to 20th Century     World History     Introduction to Sociology     Economics                                   | <ol> <li>Introduction to Advertising</li> <li>Introduction to Journalism</li> <li>Introduction to Culture Study</li> <li>Introduction to Public Relation</li> <li>Introduction to Creative Writing</li> <li>Introduction to Media Studies</li> </ol> | <ol> <li>Reporting</li> <li>Editing</li> <li>Feature &amp; Opinion</li> <li>Journalism &amp; Public Opinion</li> <li>Indian Regional Journalism</li> <li>Niche and Magazine Journalism-I</li> </ol> |  |  |  |  |
| SEMISTER-II  | SEMISTER-IV  | SEMISTER-VI   |  |  |  |  |
| Effective Communication Skills-II     Political Concepts & Indian     Political Systems     Principles of Marketing     Introduction to Psychology     Principles of Management     Introduction to English     Marathi / Hindi Literature | <ol> <li>Mass Media Research</li> <li>Organisational Behaviour</li> <li>Understanding Cinema</li> <li>Radio and Television</li> <li>Advanced Computers</li> <li>Print Production &amp; Photography</li> </ol>  | Press Laws and Ethics     Broadcast Journalism     Niche Jouralism-II     Internet & Issues in the Global Media     News Media Management     Contemporary Issues                                   |  |  |  |  |

#### 8. DECLARATION BY THE STUDENT

- A) I have selected the optional subjects with due consideration.
- B) I have noted that I may not be granted a term if my attendance and progress are not satisfactory as per the University Rules
- C) The admission being for the whole year, the 2nd term / semester fee will be due from me if not paid at the time of admission, unless before the commencement of the 2nd Term, I intimate in writing my desire to discontinue from this College.
- D) a) I have read the rules & regulations of the College.
  - b) I hereby agree, if admitted to conform to the rules and regulations at present in force and those that may hereafter be made for the administration of the College, and I undertake that so long as I am a student of the College, I will do nothing either inside or outside the College that will interfere with its orderly administration and discipline. Otherwise my admission may be cancelled by the College authorities.
  - c) I further undertake that I shall keep my parents / guardians informed about my progress in studies and other conditions while in the College.
  - d) The information given above is true and correct.
  - e) I agree to abide by the rules of the Government of Maharashtra and University of Mumbai.

ORDINANCE 0-119 RELATING TO ATTENDANCE:

Ordinanced 0-119 relating to the keeping of terms to the satisfaction of the Principal of the College.

**Faculty** First Term Second Term

80% days on which the B.M.M. 80% days on which the lectures are delivered lectures are delivered

0.125 : TO KEEP A TERM AT A College or recognized institution, an undergraduate must complete to the satisfaction of the Principal or the Head of the Institution the course of study at the College or Institution prescribed for such terms for the Class to which such undergraduate th

| ey belong.  |   |
|---|---|
| हमी पत्र  |   |
| मी  | वर्ग  |
| शैक्षणिक वर्ष २० - मध्ये आपल्या महाविद्यालयात प्रवेश घेऊ<br>सदर वर्गातील उपस्थिती ठरवून दिलेल्या म्हणजेच एकूण कामकाजाच्य<br>नाही तर महाविद्यालय / परिक्षेस वसण्यास मला अपात्र ठरविले जाईत | ा १८० दिवसांपैकी ८० टक्के प्रमाणात भरली<br>ल याची मला / आम्हाला माहिती असून असे |
| घडल्यास त्यासंदर्भात माझी / आमची कोणतीही तक्रार असणार न   | ही.   |
| Signature of the Parent / Gaurdian  | Signature of the Student  |
| DECLARATION BY THE G  | UARDIAN   |
| I have noted the above statement made and signed by my College. He/She will attend all lectures. I will not o unsatisfactory attendance / or improper behaviour in the Col                | bject to his/her discontinuation for  |
| Place: Mumbai - 400 070.  |   |
| Date :  | Signature of Parent/Gaurdian  |
| FOR OFFICE USE O  |   |
| Admit Provisionally to the FYB.M.M. / SYB.M.M. / T.YB.M.M.  |   |
| Semister - I / II / III / IV / V / VI On Payment of Rs  | _   |
| Date :  | (Signature of the Principal)  |
| nents Attached herewith :   |   |

### Docun

- 1. H.S.C. (Std.XII) Original Mark sheet with two Attested Xerox / true copies thereof.
- 2. Attested Xerox/True copies of S.S.C. Mark sheet and Passing Certificate
- 3. Original Provisional Statement of Eligibility. (Original Migration Certificate/Eligibility abstract & two Zerox copies thereof and other required documents should be submitted as per the requirement of the University of Mumbai for Eligibility cases)
- 4. No objection Certificate (In case of students coming from other Colleges)
- 5. Two Xerox Copies of Caste Certificate (In case of SC /ST/NT-DT-VJ/OBC/SBC)
- 6. Zerox copies of Mark sheets of FYB.M.M. / SYB.M.M.

| Checked by : | ADMITTED ON                         |
|--------------|-------------------------------------|
| Date :       | Signature of the Official Authority |