

Faculty : **BCOM (H) ATG****M****Others**

S.No.	Reg.No.	Applicant's Name	Father's Name	Mother's Name	% age	Subject Combination	COSD	Remarks
1	2017/1364	SHIVANI PRAKASH	OM PRAKASH	SHOBHA PRAKASH	77.00	ATG	SPA	OBC