



Saurashtra University
Examination Department

REPEATER-2016

10

Examination Form BA SEM-2 (2019) March-2022 Academic Year: 2021-2022

General Details:

Enrollment No: 001101

Surname: _____

Name: _____

Father's/ _____

Gender: Male / Female

Applied for Degree Yes Category: GEN/SEBC/SC/ST

Residential Address _____

Local Address _____

Exam Type : Part

Answering Language GUJARATI

Current Mobile No-1 _____

Current Mobile No-2: _____

Roll Number: _____

College Code: 19001

Centre Code : 19/19001/Limbdi

Appearing In: B.A. Sem-2 (2016)

Enrollment No: 001101

Eligibility Certificate No : 0

Eligibility Certificate Date : N.A.

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam : B.A.Sem- Year/Sem: -202

Seat No : Result ~~Pass~~ / Fail . %

Details of Courses: મારે આપવાના થતા વિષયોની માહિતી નીચે મુજબ છે.

Course Group Course Name

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

I give my consent (સંમતિ) to keep above residential address, mobile number and rules and regulation of Saurashtra University, Rajkot & Sakhida College Limbdi and degree form purpose.

X _____
Student Sign

Principal

Print By: 19001

તા. ૧૦/૦૪/૨૦૨૨ના રોજ કોલેજ વેબસાઈટમાં તમારૂ નામ અને ઉપરોક્ત વિષયો તમારે ફરજયાત તપાસી લેવા, ખાસ સુચના આપવામાં આવે છે.

Saurashtra University

Exam Form Receipt

Student Name _____

Received Exam Fee Cash Rs. _____ /- Date : / /2022 Exam: BA Sem-2 (2019) Roll No. _____

Sakhida College Cashier Signature: _____