Saurashtra University
Examination Department

⑤

Examination Form **BCOM SEM-5 (2019) May-2023** Academic Year: 2022-2023

General Details:

Enrollment No: **002201**

Surname: _____

Name: _____

Father's/ _____

Latest Photo

Gender: Male / Female

Applied for Degree No Category: GEN/SEBC/SC/ST

Residential Address _____ Local Address _____

Exam Type : Whole Answering Language GUJARATI

Current Mobile No _____ VALI Mobile No : _____

Roll Number: _____ College Code: 19001

Centre Code : 19/19001/Limbdi Appearing In: BCOM SEM-5 (2019)

Enrollment No: **002201**

Eligibility Certificate No : 0 Eligibility Certificate Date : N.A.

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam : Commerce Year/Sem: -20

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.

☑ 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.

Principal

✗....................................
Student Sign

Print By: 19001

Saurashtra University Exam Form Receipt

Student Name_____

Received Exam Fee Cash Rs. _____ /- Date : / /2023 Exam: BCOM Sem-5 (2019)

Sakhida College Cashier Signature: