Saurashtra University
Examination Department   **ACCOUNTING**

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Examination Form   **BCOM SEM-5 (2019) October-2023**   Academic Year: 2023-2024

General Details:

Enrollment No: **00220121**

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-4 (2019)

Enrollment No: **00220121**

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.	CORE	ENGLISH LANGUAGE - 5
2.		INDIAN ECONOMY-1
3.		BUSINESS MATHEMATICS & STATISTICS-1
4.		AUDITING & CORPORATE GOVERNANCE-1
5.		HUMAN RESOURCE MANAGEMENT-1
6.		MANAGEMENT ACCOUNTING-1
7.	ELECTIVE	ACCOUNTING-5

☑ 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.

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

Principal

Print By: 19001   **Roll Number** _____   Page:01

તા.૨૭/૦૮/૨૦૨૩ના રોજ કોલેજ વેબસાઈટમાં હોલ ટીકીટ લીસ્ટમાં તમારુ નામ અને વિષયો તમારે ફરજયાત તપાસી લેવાની સુચના આપવામાં આવે છે.

Saurashtra University   Exam Form Receipt

Student Name_____

Received Exam Fee Cash Rs. _____   /- Date :   /   /2023 Exam: BCOM Sem-5 (2019) Roll No.

Sakhida College Cashier Signature: