



Saurashtra University
Examination Department

REPEATER

4

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

General Details:

Enrollment No: **002201**

Surname: _____

Name: _____

Father's/ _____

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 : T9/T9001/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.

X _____
Student Sign

Principal

Print By: 19001

તા. ૨૭/૦૮/૨૦૨૩ના રોજ કોલેજ વેબસાઇટમાં હોલ ટીકીટ લીસ્ટમાં તમારું નામ અને વિષયો તમારે ફરજિયાત 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)

Sakhida College Cashier Signature: