Examination Form   **BA SEM-4 (2016)   MARCH-2024**   Academic Year: 2023-2024

General Details:

Enrollment No: **0011011**

Surname: _____

Name: _____

Father's/   _____

Latest Photo

Gender: Male / Female

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

Residential   _____   Local Address   _____
Address   _____   _____

Exam Type   : Whole   Answering Language   GUJARATI

Current Mobile No   _____   Current Mobile No 2:   _____

Roll Number: _____   College Code: 19001

Centre Code   : 19/19001/Limbdi   Appearing In: B.A.Sem-   (2016)

Enrollment No: **0011011**

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.

✗ ....   Principal
    Student Sign

Print By: 19001

Saurashtra University   Exam Form Receipt

Student Name_____

Received Exam Fee Cash Rs._____   /- Date :   /   /2024 Exam: BA Sem-4(2019) Roll No. _____

Sakhida College Cashier Signature: