



Examination Form **BA SEM-6 (2016) Mar-2024** Academic Year: 2023-2024

General Details:

Enrollment No: **0011011**

Surname: _____

Name: _____

Father's/ _____

Gender: Male / Female

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

Residential Address _____

Local 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: BA SEM-5 (2016)

Enrollment No: **0011011**

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

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam : Arts 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. ૧૮/૦૧/૨૦૨૪ના રોજ કોલેજ વેબસાઇટમાં હોલ ટીકીટ લીસ્ટમાં તમારું નામ અને વિષયો તમારે ફરજિયાત તપાસી લેવા ખાસ સુચના આપવામાં આવે છે.

Saurashtra University

Exam Form Receipt

Student Name _____

Received Exam Fee Cash Rs. _____ /- Date : / /2024 Exam: BA Sem-6 (2016) Roll No. _____

Sakhida College Cashier Signature: