



Saurashtra University
Accredited Grade "A" by NAAC (3rd Cycle)

Saurashtra University
Examination Department

REPEATER-2019

1

Examination Form **BA SEM-2 (2019) March-2024** Academic Year: 2023-24

General Details:

Enrollment No: **001201**

Surname: _____

Name: _____

Father's/ _____

Gender: Male / Female

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

Residential Address _____

Local Address _____

Exam Type : Part

Answering Language GUJARATI

Current Mobile No-1 _____

Current Mobile No-2: _____

Roll Number: _____

College Code: 19001

Centre Code : 19/19001/Limbdā

Appearing In: B.A. Sem-2 (2019)

Enrollment No: **001201**

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.

X _____
Student Sign

Principal

Print By: 19001

તા.૨૭/૦૨/૨૦૨૪ના રોજ કોલેજ વેબસાઈટમાં તમારૂ નામ અને ઉપરોક્ત વિષયો તમારે ફરજયાત તપાસી લેવા, ખાસ સુચના આપવામાં આવે છે.

Saurashtra University

Exam Form Receipt

Student Name _____

Received Exam Fee Cash Rs. _____ /- Date : / /2024 Exam: BA Sem-2 (2019) Roll No.

Sakhida College Cashier Signature: