Examination Form   BCOM SEM-2 (2016) March-2024   Academic Year: 2023-24

General Details:

Enrollment No: **002101**

Surname: _____

Name: _____

Father's/   _____

Latest Photo

Gender: Male / Female

Applied for Degree   No   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/Limbdi   Last Exam Appearing In: B.Com. Sem-2 (2016)

Enrollment No: **002101**

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

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam :   B.Com. Sem-1   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.
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   Roll Number [   ]

તા.૨૭/૦૨/૨૦૨૪ના રોજ કોલેજ વેબસાઈટમાં તમારૂ નામ અને ઉપરોકત 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: BCOM Sem-2 (2016) Roll No.

Sakhida College Cashier Signature: