



Examination Form **BSC (HS) SEM-6 (2019) July-2024** Academic Year: 2024-2025

General Details:

Enrollment No: **007201**

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Father's/ \_\_\_\_\_

Gender: Female

Applied for Degree No \_\_\_\_\_ 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: B.Sc.Home Science Sem-5

Enrollment No: **007201**

Eligibility Certificate No : 0

Eligibility Certificate Date : N.A.

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam : HSC

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.

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

Roll Number \_\_\_\_\_

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તા.૨૫/૦૬/૨૦૨૪ના રોજ કોલેજ વેબસાઇટમાં હોલ ટીકીટ લીસ્ટમાં તમારું નામ અને 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:BSCHOME Sem-6 (2019) Roll No. \_\_\_\_\_

Sakhida College Cashier Signature: \_\_\_\_\_