



Examination Form **BCOM SEM-5 (2019) October-2024** Academic Year: 2024-2025

General Details:

Enrollment No: **00220122**

Surname: _____

Name: _____

Father's/ _____

Gender: Male / Female

Applied for Degree No _____ Category: GEN/SEBC/SC/ST

Residential Address _____

Local Address _____

Exam Type : Whole

Answering Language GUJARATI

Current Mobile No _____

VALI Mobile No : _____

Roll Number: _____

College Code: 19001

Centre Code : 19/19001/Limbdi

Appearing In: BCOM SEM-4 (2019)

Enrollment No: **00220122**

Eligibility Certificate No : 0

Eligibility Certificate Date : N.A.

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam : Commerce

Year/Sem: -20

Seat No : _____

Result Pass / Fail . %

Details of Courses: મારે આપવાના થતા વિષયોની માહિતી નીચે મુજબ છે.

Course Group	Course Name
1. CORE	ENGLISH LANGUAGE - 5
2.	INDIAN ECONOMY-1
3.	BUSINESS MATHEMATICS & STATISTICS-1
4.	AUDITING & CORPORATE GOVERNANCE-1
5.	HUMAN RESOURCE MANAGEMENT-1
6.	MANAGEMENT ACCOUNTING-1
7. ELECTIVE	ACCOUNTING-5

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. ૧૪/૧૦/૨૦૨૪ના રોજ કોલેજ વેબસાઈટમાં હોલ ટીકીટ લીસ્ટમાં તમારું નામ અને વિષયો તમારે ફરજયાત તપાસી લેવાની સુચના આપવામાં આવે છે.

Saurashtra University

Exam Form Receipt

Student Name _____

Received Exam Fee Cash Rs. _____ /- Date : / /2024 Exam: BCOM Sem-5 (2019) Roll No. _____

Sakhida College Cashier Signature: