



Examination Form **BSC (HS) SEM-5 (2019) October-2024** Academic Year: 2024-25

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 _____

VALI Mobile No : _____

Roll Number: _____

College Code: 19001

Centre Code : 19/19001/Limbdi

Appearing In: BSC (HS) SEM-4 (2019)

Enrollment No: **007201**

Eligibility Certificate No : 0

Eligibility Certificate Date : N.A.

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam : Home Science

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	FOOD SERVICE MANAGEMENT
2.	HOSPITALITY MANAGEMENT
3.	ERGONOMICS
4.	FAMILY FINANCE MANAGEMENT
5.	INDOOR-OUTDOOR GARDENING
6.	FRONT OFFICE MANAGEMENT

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 _____

Page:01

તા. ૧૪/૧૦/૨૦૨૪ના રોજ કોલેજ વેબસાઇટમાં 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: BSc Home Sem-5 (2019) Roll No. _____

Sakhida College Cashier Signature: _____