



Examination Form **BCOM SEM-5 (2016) October-2024** Academic Year: 2024-25

General Details:

Enrollment No: **0021011**

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 : T9/T9001/Limbdi

Appearing In: BCOM SEM-6 (2016)

Enrollment No: **0021011**

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.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

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

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

Saurashtra University

Exam Form Receipt

Student Name \_\_\_\_\_

Received Exam Fee Cash Rs. \_\_\_\_\_ /- Date : / /2024 Exam: BCOM Sem-5 (2016)

Sakhida College Cashier Signature: