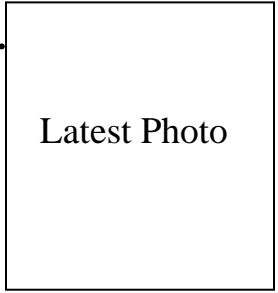




Examination Form **BSC (HS) SEM-3 (2019) October-2024** Academic Year: 2024-2025

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 _____ VALI Mobile No : _____
Roll Number: _____ College Code: 19001
Centre Code : 19/19001/Limbdi Appearing In: BSC (HS) SEM-2 (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.
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 _____

Page:01

તા. ૨૮/૧૧/૨૦૨૪ના 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: BScHome Sem-3 (2019) Roll No.

Sakhida College Cashier Signature: