



Saurashtra University
Accredited Grade "A" by NAAC (3rd Cycle)

Saurashtra University
Examination Department

REPEATER-2019

4

Examination Form **BA SEM-2 (2019) March-2026** Academic Year: 2025-26

General Details:

Enrollment No: **001201**

Surname: _____

Name: _____

Father's/ _____

Gender: Male / Female

Applied for Degree Yes

Category: GEN/SEBC/SC/ST

Residential Address _____

Local Address _____

Exam Type : Part

Answering Language GUJARATI

Current Mobile No-1 _____

Current Mobile No-2: _____

Roll Number: _____

College Code: 19001

Centre Code : 19/19001/Limbdi

Appearing In: B.A. Sem-2 (2019)

Enrollment No: **001201**

Eligibility Certificate No : 0

Eligibility Certificate Date : N.A.

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam : B.A.Sem-

Year/Sem: -202

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.
- 8.



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

તા.૧૧/૦૩/૨૦૨૬ના રોજ કોલેજ વેબસાઈટમાં તમારું નામ અને ઉપરોક્ત વિષયો તમારે ફરજયાત તપાસી લેવા, ખાસ સુચના આપવામાં આવે છે.

Saurashtra University

Exam Form Receipt

Student Name _____

Received Exam Fee Cash Rs. _____ /- Date : / /2026 Exam: BA Sem-2 (2019) Roll No. _____

Sakhida College Cashier Signature: _____