



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

Saurashtra University
Examination Department

REPEATER-2020

BA-Sem-.....

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

General Details:

Enrollment No: **0012012**

Surname: _____

Name: _____

Father's/ _____

Gender: Male / Female

Applied for Degree Yes

Category:

GEN/SEBC/SC/ST

Residential

Local Address

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:

0012012

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.



Student Sign

Print By: 19001

Principal

તા.૧૧/૦૬/૨૦૨૬ના 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- (2019)

Sakhida College Cashier Signature: _____