



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

Saurashtra University
Examination Department

REPEATER-2019

1

Examination Form **BA SEM-5 (2019) October-2026** Academic Year: 2026-27

General Details:

Enrollment No: **00120121**

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

VALI Mobile No :

Roll Number:

College Code:

19001

Centre Code : 19/19001/Limbdi

Appearing In:

BA SEM- (2019)

Enrollment No: **00120121**

Eligibility Certificate No : 0

Eligibility Certificate Date : N.A.

Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.

Exam : Arts

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

Page:01

તા.૨૧/૦૮/૨૦૨૬ના રોજ કોલેજ વેબસાઈટમાં 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 : / /2026

Exam: BA Sem-5 (2019) Roll No. _____

Sakhida College Cashier Signature: _____