



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

Saurashtra University
Examination Department

REPEATER

2

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

General Details:

Enrollment No: **00220121**

Surname: _____

Name: _____

Father's/ _____

Gender: Male / Female

Applied for Degree No _____

Category: _____

GEN/SEBC/SC/ST

Residential _____

Local Address _____

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: _____

BCOM SEM-5 (2019)

Enrollment No: **002201**

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

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: BCOM Sem-5 (2019)

Sakhida College Cashier Signature: _____