

INDEX

- **2.5.2:** Percentage of student complaints/grievances about evaluation against a total number of students who appeared in the examinations during the last five years.
- **2.5.2.1:** Number of complaints/grievances about evaluation year-wise during the last five years.

| YEAR | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 |
|---|--------------------|---------|---------|---------|---------|
| NUMBER OF COMPLAINTS / GRIEVANCES | 11 7 A 7 | 21 | 19 | 20 | 30 |

STARTUP & INNOVATION

2.5.2.2: Number of students who appeared in the examination conducted by the institution year-wise during the last five years.

WHERE IDEAS COME ALIVE.

| YEAR | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 |
|--------|---------|---------|---------|---------|---------|
| NUMBER | 1640 | 2274 | 2317 | 2105 | 1971 |



Swarrnim Startup & Innovation University



CERTIFICATE

This is to inform that Aarihant Homoeopathic Medical College and Research Institute Having Programme code 7 have 20 number of students for rechecking and reassessment in year 2023-24 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/reassessment summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| SW | 2023-24 | 20 |

STARTUP & INNOVATION UNIVERSITY WHERE IDEAS COME ALIVE.





Aarihant Homoeopathic Medical College and Research Institute

Recheck/reassessment Academic year 2023-24

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|--|-----------------|-------------------------------------|--------------|
| 1. | 2174001036 | Raval Vipulkuma <mark>r Maheshbhai</mark> | 73011201 | Human Pathology And Microbiology | Pass |
| 2. | 2174001041 | Khandala Rohitb <mark>hai Pratapbhai</mark> | 73011201 | Human Pathology And Microbiology | Pass |
| 3. | 2174001051 | Kalsari <mark>ya Pradikbhai Hareshbh</mark> ai | 73011201 | Human Pathology And Microbiology | Pass |
| 4. | 2174001055 | Champavat Jayrajsinh Virendrasinh | 73011201 | Human Pathology And Microbiology | Pass |
| 5. | 2174001071 | Prajapati Parth Chandrakant | 73011201 | Human Pathology And Microbiology | Pass |
| 6. | 2174001072 | Nagraj Sai Nareshkumar | 73011201 | Human Pathology And Microbiology | Pass |
| 7. | 2174001073 | Sadhu Dharmikkumar Laldas | 73011201 | Human Pathology And Microbiology | Pass |
| 8. | 2174001074 | Ramani Vinit Prakashbhai | 73011201 | Human Pathology And Microbiology | Pass |
| 9. | 2174001075 | Jinjala Tushar Harjibhai | 73011201 | Human Pathology And Microbiology | Pass |
| 10. | 2174001080 | Patel Milankumar Rajeshbhai | 73011201 | Human Pathology And Microbiology | Pass |
| 11. | 2174001046 | Raval Vipulkumar Maheshbhai | 73011203 | Organon Of Medicine | Pass |
| 12. | 2174001019 | Goswami Sandhya Nimeshkumar | 73011203 | Organon Of Medicine | Pass |
| 13. | 2174001099 | Patil Kanan Nareshbhai | 73011204 | Homoeopathic Materia Medica | Pass |
| 14. | 1743002008 | Prajapati Jill Bipinchandra | 73011204 | Homoeopathic Materia Medica | No Change |
| 15. | 2174001072 | Nagraj Sai Nareshkumar | 73011202 | Forensic Medicine & Toxicology | Pass |
| 16. | 2174001073 | Sadhu Dharmikkumar Laldas | 73011202 | Forensic Medicine & Toxicology | Pass |
| 17. | 2174001074 | Ramani Vinit Prakashbhai | 73011202 | Forensic Medicine & Toxicology | Pass |

Swarrnim Startup & Innovation University





INDIA'S FIRST UNIVERSITY FOR STARTUP

| 18. | 2174001082 | Jinjala Tushar Harjibhai | 73011202 | Forensic Medicine & Toxicology | Pass |
|-----|------------|-------------------------------|----------|--------------------------------|--------------|
| 19. | 2174001083 | Baldaniya Nikulbhai Jerambhai | 73011202 | Forensic Medicine & Toxicology | No Change |
| 20. | 2174001084 | Der Sohilkhan Bhikhankhan | 73011202 | Forensic Medicine & Toxicology | No Change |





-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*217400/036

| | | | WINTER/SUMMER | EXAMINATIO | N . | |
|---------|----------------|---------------|--|-------------|---------------|--|
| | me : | Ravo | il vibulkumar mahe | hbhai | | |
| | ment. : | | 74001036 | | | |
| | tute : | <u>A</u> H | MC & RI | | | |
| With (| Name Code : | | | | | SEM: |
| SR NO. | SUBJEC | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | DE ADDEGUA | YEAR: 9 |
| 1. | 730 | 1201 | 11 | - TOTAL ON | RE-ASSESSMENT | REMARKS |
| 2. | ` | | 411/1C/06/01/099 | | | |
| 3. | | - | | | | |
| 4. | | | | | | |
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| 5. | | | | | | |
| 6. | | | | | | |
| hereby | declare | 23 that th | For Office Use On Mination. With Luman Medical Rathod. Under Result of reassessment of my ansubsequent result. (Re-Checking Rs. 1) | d sum of Rs | Aarihant Ho | Principaled Signatory moeopathic Medical College yan Rathod, Gandhinagar. In me and that I shall accept Per Subject) |
| gnature | Ra | √aJ | (Student Vipul Ruman Marilled) INATION-2024. (Re-Charking Rs.15 | Copy) | | wholer |

Date: 29/3/23

College 3 bard.

Principal

Aarihant Homoeopathic Medical College \$

Bhoyan Rathod, Gandhinagar.

Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*2174001041

WINTER/SUMMER EXAMINATION

| Nar Enrollr | ne : | Khai 912 | ndala Rohitbhai pra | tap bhai | | |
|----------------------|-------------------|--------------------|---|-----------------|-------------------|---|
| Instit | | | tmc 4 RI | | | |
| Branch With C | | | | | | SEM: |
| SR NO. | SUBJEC | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR: 2, |
| 1. | 7301 | 1201 | Human Pathology 4 Microbiology | | V | KEMAKK |
| 2. | | | , | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | 7 | |
| 6. | | | | | | |
| Date: 2 | | | Acoleta Sea | College | , u | Principaled Signatory omoeopathic Medical College Syan Rathod, Gandhinagar, |
| hereby ne revise | declar ed marl | e that these and s | ne result of reassessment of my an ubsequent result. (Re-Checking Rs. | suvon hoods at | -11.1 1.1 1. | |
| ignatur | Stu | ıdent | | | | |
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| ne student UMMER, | | R EXAM | ala Dat MIII | t Sopy) | as University | Re-assessment / Re-Checking fees |
| • | | | IINATION-2024. (Re-precking Rs.1: | ou ar Ria-Asses | ssment Rs. 300 Pe | er Subject) |

Date: 20/3/20

Rathod.

College Seal

Aarihant Homoeopathic Medical College & R. Bhoyan Rathod, Gandhinagar. Principal

-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*2174/00/05/

WINTER/SUMIMER EXAMINATION

| Na | me : | Kal | Bariya Pradikbhai | Hareshl | ahai | |
|--------|------------------|----------|---------------------------------|-----------|---------------|-----------------|
| Enroll | ment. : | 217 | -100/051 | 11-(10)1) | 27/41 | |
| Insti | tute : | · P | + HMC + RI | | | |
| 1 | h Name Code : | | | | | SEM: YEAR: 2 |
| SR NO. | SUBJE | CT CO DE | | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7301 | (20) | Human Pathology 4 microbiology | | | |
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Date: 29/3/23

The student (Cox

Date: 29 3 23

nly (Institute Copy) d sum of Rs. 300 17- as University

Bhoyan Rathod.

Re-Checking fees

Aarihant Homoeopathic Medical College & 뭐. Bhoyan Kathodu Gandhunggar.

Undertaking

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

SUMMER/WINTER EXAMINATION-2024. (REChecking S.1

Date: 24 3/23

College Seal

of Rs. 2 • •//- as University Re-assessment / Re-Checking fees

Re-Assessment Rs. 300 Per Subject)

Azrihant Homoeopathic Medical College & R.J. Bhoyan Rathod, Gandhinagar. Authorized Signatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*2174001053

WINTER/SUMMER FXAMINATION

| nrollment. | | 14001055 Japaj | | Virendra | (17) |
|-------------------------|-----------|-------------------|---------|---------------|---------|
| Institute : | A | HMC8 RI | | | |
| Branch Nam With Code | e : | | | | SEM: |
| | ECT CO DE | THE STORES | RECHECK | RE-ASSESSMENT | YEAR: 2 |
| 1. 73 | 01/201 | Human Rathology & | | V | REMARKS |
| 2. | | | | | |
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| 6. | | | | | |

Date: 29 3 23

Bhoyan 3 Salpage

Principal

Principal

Aarihant Homoeobathic Medical College 8: R.I. Runday, Karnagethorized Signatory Caudhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

rtaking

(Student Copy)

The student Champavat Tryang Simb interpretation of Rs. 200/- as University Re-assessment Re-assessment Re-assessment Rs. 300 Paper Re-assessment Rs. 300 Paper Re-assessment Rs. 300 Paper Re-assessment Rs. 300 Paper Rathod, Gandhinagar.

Repoyan Rathod, Gandhinagar. Bhoyan Rathod, Gandhinagar.

29/3/23

Bhoyan R_{াধ্}িya**n** College **S**eal



30/3/23

SWARNIM STARTUP & INNOVATION UNIVERSITY

-:: Re-Assessment / Re-Checking for University Exam ::-

| Enrol | lment | No. | |
|-------|-------|-----|--|
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| | a retreme | | WINTER/SUMME | R EXAMINATIO | N | <i>*</i> |
|---|---------------------------|------------------|--|--------------------|-------------------------------------|--|
| Enroll | me : ment. : tute : | | Gapati Parth 74001071 | Chand | sakaut | |
| | n Name | - H H | MCGRI | | | |
| With (| Code : | | | | | SEM; |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | | YEAR: 2 |
| 1. | 730 | 011201 | Human Porthology | MEGNECK | RE-ASSESSMENT | REMARKS |
| 2. | | | and Microbiology | | | |
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| The student (| Poz | yaja Rexami | (Student has paid: NATION-2024. (Re-Checking Rs. 15) | MORY) sum VERS 300 | Tas University Renent RS 7500 Per S | Principal Principal Medical College & Superpathic Medical Colleg |



Enrollment No.

| -:: Re-Assessment / | Re-Checking | for University | Exam ::- |
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WINTER/SUMMER EXAMINATION

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|--------|-----------------------|----------|--|--------------------|---------------------------|---|
| Enroll | ment. : | | 74001072 | | | |
| Insti | tute : | AHR | uc dai | | | |
| | Name Code : | | 011201 | | | SEM: YEAR: 2 |
| R NO. | SUBJEC | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 730 | 11201 | Human Pathology & Microbiology | | | |
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Aarihant Homoeopathic Medical College Bhoyan Rathod, Ganuhinagaary

answer book shall be binding on me and that I shall accept I, hereby declare that the result of reassessmen the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

The student (Nog 601 Soi Nare Hughas paid sum of the 2001) - as University Re-assessment Rs. 300 Per Subject Hodical College & Summer S

Date: 31 3 23



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*217-900/073

WINTER/SUMMER EXAMINATION

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| Enroll | | 400/073 | | | |
| Insti | | IMCPRI | | | |
| | n Name Code : | | | | SEM: |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR: 2 |
| 1. | 7301/201 | Human Pathology & Microbiology | | VI VIOLEGINIEN) | REMARKS |
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| | | | | | |

The student Sahu Dhavanile kumar () has paid was if Rs. 3001 as University Re-assessment/Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Date: 21 3 23

According Homoeopathic Medical College & R.
Bhoyan Rathodo Gandhinagar.
Bhoyan Rathodo Gandhinagar.

Jahnwillow

SWARNIM STARTUP & INNOVATION UNIVERSITY

-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*217 foo(074

WINTER/SUMMER EXAMINATION

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| Institu | ute : | AH | MCFRI | | | | 1 |
| Branch With C | | | | | | | SEM: YEAR: 2 |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH | PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 730 | 1(201 | Human pal + Micro | | | <u></u> | |
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| Date: The stude SUMMEDate: | ent (R ER/WI | Cumar NTER EX | n; Vinit P. |) has p | l. / 95// | /- as Universit | Principal moeopathic Medical College & R. yan Ratholt, Cairdh Magazory |
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I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

The student Copy)

The student Copy

The

Date: 21/3/23

College Seal

Aarihant Homoeopathic Medical Colleg Bhoyan Rathod, Gandhinagar. Authorized Signatory





-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*2174001075

WINTER/SUMMER EXAMINATION

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|------------------|------------------|----------|---------------------------------|---------|---------------|-----------------|
| Enrolli | ment. : | | Jinjala Tustar 2174001075 | 0 | | |
| Instit | tute : | | AMMC&RI | | | |
| Branch With 0 | n Name Code : | | | | | SEM: YEAR: 2 |
| SR NO. | SUBJEC | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 730 | 1120 | Human Pathology & | | | |
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Date: 21 3 23

Signature of Student

Use Only (Institute Copy) The student (Jinjala Tusha SUMMER/WINTER EXAMINATION . / paid sum of Rs. 300 / as University Re-assessment / Re-C

Bhoyan Racio Mege

Date: 29 3 8 3

ชักdertaking

Aarihant Homoeopathic Medical College & S. Bnoyan Rathoti, Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

edure of Student

(4) was paid sum of Rs. 3001/- as University Re-assessment / Re-Checking fees

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Date: 29 3 23

College Seal

Principal Aarmant Homoeopathic Medical College & R.I. Bhoyan Rathod, Gandan संख्या



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 2174001080

WINTER/SUMMER EXAMINATION

| nent. : | 2174001080 | 0110101 | | |
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| | And on clar | | | |
| Name ode : | | | | SEM: |
| SUBJECT CO D | E SUBJECT NAME WITH PRESENT GRADE | RECHECK | RF-ASSESSMENT | YEAR; 2 |
| 7301120 | Human Pathology | | AL-AGSESSMENT | REMARKS |
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| 13 23 Paral /WINTER EX/ | For Office Use On AMINATION Shoyan Sedil Cathoolege Sedil | d sum of Rs. 30 | Adriban | Signature of Student Re-assessment / Re-Checking fees Principal Homosomolius dissolution foolie Broyan Rathod, Gandhinaga |
| () | SUBJECT CO D 7301(20) 13 23 Porcel /WINTER EXA | SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE 73011201 Luman Pathology Microbiology For Office Use On WINTER EXAMINATION- 12 27 | SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK 7301(20) Luman Pathology Microbiology. For Office Use Only (Institute Cop WINTER EXAMINATION. Phoyan as paid sum of Rs. 30 Sala College Sed | SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT 73011201 Luman Pathology Microbiology For Office Use Only (Institute Copy) WINTER EXAMINATION- Rhoyan less paid sum of Rs. 300 J- as University In the Copy Seat Contract Copy Author |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

(Student Copy)

The student (Parel Minneuma Choyans paintsum of Rs. 30011 as University Re-assessment/Re-Checking fees

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

College Seal

Aarihant Homocopathic Medical College & F Bhoyan Balinonzed Signatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 2174001046 *

WINTER/SUMMER EXAMINATION

| Enrollment: 2174001046 Institute: PMMCRRI Branch Name With Code: SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT REMARKS 1. 73011203 Dryanon of Moding 2. 3. 4. 5. | Nar | ne: | Raval | Vipulkumar | Maho | Shbhai | |
|---|---------|--------------|---------|------------------------|---------|---------------|--|
| Branch Name With Code: SR NO. SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT REMARKS 1. 73011203 Drgaror of Mode: 2. 3. 4. | Enrollr | | | | | | |
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Date: 29 3 23

For Office Use Only (Institute Copy)

The student (Lava Vrg w kum w SUMMER/WINTER EXAMINATION. has paid sum of Rs. 3001 F as University Re-assessment / Re-Checking fees

Date: 29/3/23

Aannant Fiornoeopathis Medical Gollege & R.I.

Bnoyan Rathod, Gandhinagar.

Bhoyan per the answer book shall be binding on me and that I shall accept I, hereby declare that the result of reass the revised marks and subsequent result. Checking De: 170 & Re-Assessment Rs. 300 Per Subject)

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Date: 29 3 43

Signature of Student

(Student Copy)

Rhovan

College Seal

Bhoyan Rathod, Gandhinagar.

Aarmant Homocopathic Medical College



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*2124001019

WINTER/SUMMER EXAMINATION

| Nar | ne : | 901 | swami sandhya | wimesh | Kuman | |
|------------------|----------------|----------|---------------------------------|---------|---------------|-----------------|
| Enrolli | ment. : | 217 | 4-00/019 | | | |
| Instit | tute : | AH | IMC & RI | | | |
| Branch With 0 | Name Code : | | | | | SEM: YEAR: 2 |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7301 | 1203 | organon aj medicine | | V | |
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Date: 30/3/13

For Office Use Only (Institute Copy)

and ha. Mas paid sum of Rs. 2001 (as University Re-assessment / Re-Checking fees The student (COLWAM): SUMMER/WINTER EXAMINATION-

Date: 30/3/23

College Seal

Bhoyandertaking Rathod.

Authorized Signatory

Aarihant Homoeopathic Medical College & R.I. Bhoyan Rathod, Gandhinagar.

I, hereby declare that the result of reassessment of my book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-thecking R) & Re-Assessment Rs. 300 Per Subject)

Luya Braid sum of Resiscol - as University Re-assessment / Re-Checking fees

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Date: 30/3/23

College Seal

Authorized Signa College & F

Bhoyan Rathod, Gandhinagar.



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 212400/00g

WINTER/SUMMER EXAMINATION

| Nar | ne : | P | ATIL | KANAN NA | PESHBYA | I | |
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| Instit | tute : | AH | 1MC | & RJ | | | |
| Branch With 0 | Name | | | | | | SEM: |
| SR NO. | | CT CO DE | SUBJECT | NAME WITH PRESENT GRADE | DECLERA | | YEAR:2 |
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| 1. | 730 | 11204 | MATE | OEOPATHIC RIA MEDICA | | | |
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| 6. | | | | | | | |
| | | | | | | | |

Date: 29 3 3 3

Signature of Student

For Office Use Only (Institute Copy) sum of Rs. 2001 /- as University Re-assessment / Re-Checking fees

The student Patil CananSUMMER/WINTER EXAMINATION-.

Date: 29 3 23

Shoyan **Callaged**Sea taking

Aarihant Homoeopathic Medical Coffede & R.I. Bhoyan Rathod, Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

banan Ni) has paid sum of the 2001 /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)
Principal

Rathod.

Date: 29 3 23

Aarihant Homoeopathic Medical College & R.I. Bhoyan Rathod Gandhinagar.



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1747002000

WINTER/SUMMER EXAMINATION

| Nan | | PRF | 743002008 | ILL B | FPINCHI | ANDRA | |
|----------------------|---------------------|---------------------|---|------------------|-------------------|----------------------------------|---|
| Enrollr | | | | | | | |
| Instit | | | AHMC + R | | | | |
| Branch With C | Name Code : | | | | | | SEM: YEAR: 2 |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH PR | ESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7301 | 209 | HOMOGO POTH MATERIA | MEDICA | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| Date: | | ' | Pah' 1 LL MINATION- | For Office Use O | nly (Institute Co | py) すび に as University | Signature of Student / Re-assessment / Re-Ghecking fees |
| Date: | 30/3 | 3 2 7 | S | (| rtaking | Azrihant B | Principal Homoeopathic Medical College hoyan Rathod, Gandhinagar. |
| , hereby he revis | y declar sed mar | re that t ks and | he result of reassessr subsequent result. (R | nent of my an | swer book sh | all be binding o | n me and that I shall accept |

The student Program of Rs. Sool as University Re-Ringipal Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessmeint Rt | Bookerpadhie Mèdical Collège & R.I.

Bhoyan Rathod, Gandhinagar.



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 2174001079

WINTER/SUMMER EXAMINATION

| | me : | \sim | agran san ware | SIRUM | 101/ | |
|---------|----------------|---------|---|---------|---------------|-----------------|
| Enrolli | ment. : | 21 | 74001072 | | | |
| Insti | tute : | AI | 1997ai Sai Nare 74001072 HMC & RI | | | |
| | Name Code : | | | | | SEM: YEAR: 2 |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7301 | 1202 | porervsic medicine 4 Toxicology | | V | |
| 2. | | | , 0 | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

ate: 30/3/23

Signature of Student

For Office Use Only (Institute Copy) The student No SUMMER/WINTER EXAMINATION-) has paid sum of Rs. 2001 as University Re-assessment / Re-Checking fees

Date: 30 3 23

Author zed Signatory Aarthant Homoeopathic Medical College & R.I.

Bhoyan Rathod, Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

(Student Copy)

) has paid sum of Rs. 20 • 1 as University Re-assessment / Re-Checking fees

Date: 30/3/23

Aarihant Homoeopathic Medical Coilege & R.I.
Bhoyan Rathod, Gallett Riagatory



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*2174001073

| Institu | | 7400/073 HMC+ RI | | | |
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| ranch Vith C | Name | IIIIC (ICZ | | | SEM: YEAR:9 |
| R NO. | SUBJECT CO-D | | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7301202 | Povernic medicine 4 Toxicology | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| | 9/3/23 | A. Dhaven bley Medicing | y (Institute Co | py) | Signature of Student |

Date: 29 3 23

Bhoyan

Aailhani Honnseopaphic Medical College & R.I. -Bhoyan Rathod, Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

taking

Signature of Student

Date: 29/3/23

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SUMMER/WINTER EXAMINATION-2024. Re-Checking Rs. V. Re-Assessment Rs. 300 Per Subject)

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-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*917400107

WINTER/SUMMER EXAMINATION

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|------------------|------------------------|--|-----------------------------------|---------|---------------|-----------------|--|--|--|
| Enrollm | nent.: 217 4-00 10 7 4 | | | | | | | | |
| Institu | titute: AHMC & RI | | | | | | | | |
| Branch With C | | | | | | sem: year: 2 | | | |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | |
| 1. | 7301 | 1202 | Povensic Medicine + Toxicology | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| | | | | | | | | | |

Date: 363 23

Signature of Student

Date: 30 3 23

For Office Use Only (Institute Copy) sum of Rs. 2001/- as University Re-assessment / Re-Checking fees

zed Signatory Principal Aarihant Homoeopathic Medical College & F Bhoyan Rathod, Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature Student

The student (Panani Vinit Property) has paid surrel Rs. 300 /- as University Re-assessment SUMMER/WINTER EXAMINATION-2024. (Re-thecking 15, 150 & Re-Assessment Rs. 300 Per Subject)

Principal Pr

Date: 30/3/23

has paid sun facks. 300 L- as University Re-assessment / Re-Checking fees

Aarihant Homoeopathic Medical College & R.I. nt Homoeopathio Gandhinagar. Bhoyan Rathodo Page Signatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 2174501082

WINTER/SUMMER EXAMINATION

| Nar | me : | 21 | JINJALA TUSHAR HARJI BHAJ | | | | | | | |
|---------|-------------------------|----------|---------------------------|--------------------|---------|---------------|---------|--|--|--|
| Enrolli | ment. : | 215 | 2174-00/082 | | | | | | | |
| Instit | tute : | | AHMC PRI | | | | | | | |
| | Franch Name Nith Code : | | | | | | SEM: | | | |
| SR NO. | SUBJE | CT CO DE | | WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR: 9 | | | |
| 1. | 7301 | 1202 | Forensic | medicine | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| J. | | | | | | | | | | |

Date: 30/3/23

For Office Use Only (Institute Copy)

The student Jin jalo Tuo how SUMMER/WINTER EXAMINATION-

Date: 30/3/23

) has paid sum of Rs. 2ro /- as University Re-assessment / Re-Checking fees Rathod Ungertaking

Aarihant Homoeopakiin Medical Colleg Bhoyan Rathod, Gandhinagan

I, hereby declare that the result of reassessment of manswer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

The student Ting Two Two Alas paid sum of Rs. 200 M- as University Re-assessment SUMMER/WINTER EXAMINATION-2024. (Re-Orecking Rs. 150 & Re-Assessment Rs. 300 Per Subject) (Student Copy) has paid sum of Rs. 200 1/1- as University Re-assessment / Re-Checking fees'

Date: 30/3/27

Principal Aarthunt Homoeopathic Medical College & Bhoyan Kallnode Established ar.



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 217400/083

WINTER/SUMMER EXAMINATION

| Nar | ne : | Ba | Baldaniya Nikulbhai Jevambhai | | | | | | |
|------------------|---------------|----------|-----------------------------------|------------------|---------------|--------------------------|--|--|--|
| Enrollr | ment. : | | 7400/083 | | | | | | |
| Instit | tute : | AI | HMC & RI | | | | | | |
| Branch With C | Name ode : | | | | | SEM: YEAR: | | | |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | |
| 1. | 7301 | 1202 | Forensic medicine + Toxicology | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
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| 6. | | | | | | | | | |
| | 1/2/: | | For Office Use On Thas pai | ly (Institute Co | DV) | N W Signature of Student | | | |

SUMMER/WINTER EXAMINATION-.

Date: 29 3 23

edical Co College Se Rathod.

Aarihant Homoeowald Canadhinagar.
Bhoyan Ramod, Ganadhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signatu

The student (Raldaniya

Date: 29/3/23

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um of Rs. 3001/- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 130) & Re-Assessment Rs. 300 Per Subject)

Rathod.

Aarihant Homoeopathic Medical College & R.I Bhoyan Rathod, जिल्लाविधी अधिवारा

Enrollment No.



-:: Re-Assessment / Re-Checking for University Exam ::-

*217400/084

WINTER/SUMMER EXAMINATION

| Nar | ne : | DER SOHILKHAN BHIKHANKHAN | | | | | | |
|------------------|----------------|---------------------------|--------------------------------|---|---------------|----------------------------|--|--|
| Enrollr | ment. : | | +4001084 | | | | | |
| Instit | tute : | AF | IMC & RI | | | | | |
| Branch With C | Name Code : | | | | | SEM: YEAR: ⁹ | | |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH PRESENT GRAD | | RE-ASSESSMENT | REMARKS | | |
| 1. | 730 | 11202 | FORENSIC MEDICIN | E | V | NEMARAS | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| | | | | | | | | |

Date: 29/3/23

Signatura

The student Del Cohilehand
SUMMER/WINTER EXAMINATION-.

Date: 21 3 3

Shoyan College deal

n of Rs. 3001/- as University Re-assessment / Re-Checking fees

Authorized Signatory

Aarihant Hoingeopathilic Gandhinager

Bhoyan Rathod, Gandhinager

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

The student DGR Samuel (Student Summer/WINTER EXAMINATION-2024. (Re-Chacking) BS.)

Se Da 2001 on University Da assessment / P

Sharr of Rs. 200 / as University Re-assessment / Re-Checking fees & Re-Assessment Rs. 300 Per Subject)

Date: 29/3/23

College Seal

Rhoyan Rathou, Phoyan Rathou



CERTIFICATE

This is to inform that Aarihant Homoeopathic Medical College and Research Institute Having Programme code 7 have 2 number of students for rechecking and reassessment in year 2022-23 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment Summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| 1 | 2022-23 | 2 |







Aarihant Homoeopathic Medical College and Research Institute

Recheck/reassessment Academic year 2022-23

| Sr No. | Enrollment No | Name | Subject Code | Subject Name | Result |
|-----------|------------------|--------------------------------|-----------------|---------------|--------|
| 1 | 2174001049 | Vaghela Rajveersinh Ganpatsinh | 73011101 | Human Anatomy | Pass |
| 2 | 2174001013 | Patel Khushi Bhagvatkumar | 73011101 | Human Anatomy | Pass |





-" Re-Assessment / Re-Chacking for University E

| Enrollment | No. |
|------------|-----|
|------------|-----|

| LA VER | OVATION STTV | Re-Assessment / Re-Chec | king for Univer | | * | | | |
|---|--|--|--|-------------------------|--|--|--|--|
| Mr. Carrier surrey | WINTER/SUMMER EXAMINATION | | | | | | | |
| Nan | ne: Vac | hele Saiveer sinh | (10-0) | time | | | | |
| Enrolln | Enrollment.: 274001043 | | | | | | | |
| | Institute: PMM(& RT | | | | | | | |
| Branch With C | Name ode : | | | | SEM: YEAR:\ | | | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | |
| 1. | 2201101 | Human Andromy | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| Date: The studen | The student (Vaghela Souveerant C) has paid sum of Rs. 300/ /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION. SSIU 1 - as University Re-assessment / Re-Checking fees Principal 4:01 College & R. I. | | | | | | | |
| | 1/3/23 | III III III III III III III III III II | ertaking | Aarihant Homo Bhoyar | Candhinagar, Rathod Gandhinagar, Rathod Authorized Signatory | | | |
| I, hereby declare that the result of reassessment my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) Signature of Student | | | | | | | | |
| The studen | . 1 | h Solversial- Gina pa | nt Copy) aid sam of Rs. <u>3</u> ° 1.50 & Re-Asses | as University | Re-assessifient / Re-Checking fees er Subject) Principal | | | |

Date: 14/1/23

College Seal

Assessment Rs. 300 Per Subject)
Principal
Aarihant Homoeopathic Medical College & R
Bnoyan Rathoda Gandhinagar.
Broyan Rathoda Gandhinagar.



| Enrol | Iment | No. |
|--------|-------|-----|
| -11101 | | |

| 10 1 10 10 10 10 10 10 10 10 10 10 10 10 | CSITY | -:: Re-Assessment / Re-Chec WINTER/SUMMER | | : | * |
|--|-------------------------|---|--------------|--------------------------------------|--|
| Nar | me: Ro | itel Khushi Bho | | | |
| Enrolli | ment. : 2 | 174001013 | | | |
| Instit | tute : | rine de? | d | | |
| Branch With 0 | n Name Code : | | | | SEM: YEAR: |
| SR NO. | SUBJECT CO D | E SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 73011101 | Herman Anatomy | | | |
| 2. | | 8 | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | 1 |
| Date: | 8 व व3 | En Office Use O | | | Signature of Student |
| SUMME | nt Pated R/WINTER EX | For Office Use O has pe Admin. College College Le | | 50 <i>T</i> − as University | Re-assessment / Re-Checking fees |
| , hereby | declare that | the result of reassessment of my an | swer book sh | Oll all be binding a | pfiritipaled Signatory omoeopathic Medical Collego oyan Rathod, Gandhinagar. |
| try. | of Student | l subsequent result. (Re-Checking Rs. | 150 & Re-Ass | essment Rs. 300 | Per Subject) |
| 7 | . Patol | Advings | nt Copy) | 7 | Aufeter |

Date: 15/3/23

Buolan Medical College College Se

Aarihant Homoeopathic Medical College & R.

Bhoyan Rathodonzed Signatory



CERTIFICATE

This is to inform that Aarihant Homoeopathic Medical College and Research Institute Having Programme code 7 have 13 number of students for rechecking and reassessment in year 2021-22 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment Summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| SW | 2021-22 | 13 |

UNIVERSITY WHERE IDEAS COME ALIVE.





Aarihant Homoeopathic Medical College and Research Institute

Recheck/reassessment Academic year 2021-22

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|---|--------------|-------------------------------------|-----------|
| 1 | 1964001009 | Rajput Mihir Nandbahadur | 73011204 | Homoeopathic Materia Medica | No Change |
| 2 | 2074001097 | Hadiya Khu <mark>shalbhai</mark> Himatbhai | 73011102 | Physiology | No Change |
| 3 | 1964001010 | Fafal Foram Devendrabhai | 73011201 | Human Pathology And Microbiology | Pass |
| 4 | 1964001017 | Jinjala Chirag Labhabhai | 73011202 | Forensic Medicine & Toxicology | Pass |
| 5 | 2074001095 | Zala Yashkumar Vikramsinh | 73011102 | Physiology | No Change |
| 6 | 1964001020 | Gosai Priteshgiri Natvargiri | 73011204 | Homoeopathic Materia Medica | No Change |
| 7 | 2074001025 | Rabari Bhavnaben Ratnabhai | 73011102 | Physiology | Pass |
| 8 | 2074001026 | Rathod Hani Jitendrakumar | 73011102 | Physiology | Pass |
| 9 | 1964001029 | Nisarata Rahulbhai Virsingbhai | 73011202 | Forensic Medicine & Toxicology | Pass |
| 10 | 2074001097 | Hadiya Khushalbhai Himatbhai | 73011102 | Physiology | No Change |
| 11 | 1964001032 | Patel Tirthkumar Ghanshyambhai | 73011202 | Forensic Medicine & Toxicology | No Change |
| 12 | 2074001003 | Chavda Urmiben Kailashbhai | 73011102 | Physiology | Pass |
| 13 | 2074001007 | Tarunkumar Gunvantbhai Ladumor | 73011102 | Physiology | Pass |



Swarrnim Startup & Innovation University



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 19640 1009

| | | | WINTER/SUMMER | EXAMINATIO | N | |
|----------------------|-------------------|--------------------|---|--|--------------------------------------|---|
| Nan | ne : | 2. | yout min & Novel | bahooly | , | |
| Enrolle | ment. : | (| / / / / / - | | | |
| Instit | tute : | | 68 PE | | | |
| Branch | Name | FIFTH | Cari | | | SEM: |
| With 0 | ode : | | | | | YEAR: 2000 |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 730 | (1.204 | feom-mar medico, | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| Date: 2 | ent R | zjew | For Office Use Or Mination. | nly (Institute Co | py) | Signature of Student Re-assessment Re-Checking fees |
| Date: 9 | 8/1/2 | -1 | College Rathor Ur | taking | earinant ri Bh | omoeop Authorizedical College on College of |
| I, hereb the revi | y decla sed ma | re that rks and | the result of reasestment of subsequent result. | swer book sh 150 & Re-Ass | all be binding or essment Rs. 300 | n me and that I shall accept Per Subject) |
| MIV Signatu | in | _ | | | | |
| The stude | nt (P. or | put TER EXA | MINATION-2024. Re-Checking Rs. 1: | ot Copy) d sum of Rs. 30 80 & Re-Asses | d -/- as University | Re-assessment Re-Checking fees er Subject) |

Date: 23 1 21

College Seal

Anoyan Rathod Charles Signatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*do 7400 1097

WINTER/SUMMER EXAMINATION

| Nar | ne: | luolita 111 | 0 1 | fi.mooble | 0 |
|------------------|------------------|--|------------------------------|--------------------|---|
| Enrolli | ment. : | ludita Khushoulble | ton L | 11-mmothic | 2U |
| Instit | tute : | time le PI | | | |
| Branch With 0 | Name | The Control of the Co | | | SEM: YEAR: JSV |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | |
| 1. | 78011102 | Physic (oay | | V | |
| 2. | | | | | |
| 3. | | | | | |
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| 5. | | | | | |
| 6. | | | | | |
| student | WINTER EXAM | | | /- as University | Re-assessment / Re-Checking fees |
| ie: 24 | 11/21 | College Seal | | | Principal Authorization Callege |
| | | e result of reassessment of my ans | taking | Aarihant Ho Bho | Principal moeopattile inedical College yan Rathod, Gandhinagar. |
| ereby revise | declare that the | e result of reassessment of my ans bsequent result (Re-Checking Rs.1 | wer book sha 50 & Re-Asse | ll be binding on | me and that I shall acceper Subject) |
| N)~ | of Student | | | | |
| | | opathic Me | | | |
| | | Bhoyan (Student | | | |
| | | R ROYAD (Student | Copy) | | 11.1 |
| | - Hadiya | 1-1 118 18how 181 | | | e-assessment / Re-Checking fees |

Date: 24/1/21

College Seal

Aarihant Homoeopathic Medical College & R.)

Bhoyan Rathod, Gandhinagar.

Bhoyan Rathorized Signatory



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1964 00 1010

Authorized Signatory

WINTER/SUMMER EXAMINATION

| Na | me: | tal tooam D. | | | | | | | | |
|--|----------------------|--|---------|------------------------------|---|--|--|--|--|--|
| Enrolli | | | | | | | | | | |
| Insti | | NO RRP | | | | | | | | |
| Branch With 0 | Name | | | | SEM: YEAR: 2m | | | | | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | | |
| 1. | 13011501 | Human Palocoay | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| Date: 23 | Safal WINTER EXAN | For Office Use Only AINATION College Seal Underto | aking | Aarihant Homoeo Bhoyan Ra | Principal pathic Medical College & R.J. athod, Gandhinagar. | | | | | |
| the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) Signature of Student | | | | | | | | | | |
| | (Student Copy) | | | | | | | | | |
| (Student Copy) The student (Jafa Joyan D.) has paid sum of Rs. 300 (7- as University Re-Ringipal Re-Checking fees ' SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment and Pontoeopathic Medical College & R. I | | | | | | | | | | |
| | | | | Bhoyan R | Rathod, Gandhinagar. | | | | | |
| Date: 23 | 1 21 | College Seal | | | Authorized Signatory | | | | | |



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1964001017 *

WINTER/SUMMER EXAMINATION

| Nan | ne: | Jin | ida Chirag Labt | abhai | | | | |
|---|----------------|------|---------------------------------|---------|---------------|--------------------|--|--|
| Enrollment.: 1964001017 | | | | | | | | |
| Instit | tute : | | MC 4 RI | | | | | |
| Branch With C | Name Code : | | | | | SEM: YEAR: 2 TH | | |
| SR NO. | SUBJECT | CODE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| 1. | 7301 | 202 | FORENSIC MEDICINE & TOXICOLOGY | | 1 | | | |
| 2. | | | | | , | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| For Office Use Only (Institute Copy) The student For Office Use Only (Institute Copy) Principal Tracking Principal Signatory Rathod. Bhoyan Rathod, Gandhinagar. I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject) Signature of Student | | | | | | | | |
| The student (Triala Chicaro Medicaro Mas paid sum of Rs. 2001 - as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2028 (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject) Date: 24 12 | | | | | | | | |



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 2074001095

WINTER/SUMIVIER EXAMINATION

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|------------------|----------------|----------|---|------------|---------------|---|
| Enrolli | ment. : | 20 | 7400 1095 | | | |
| Instit | tute : | _ | al RPE | | | |
| Branch With C | Name code : | | | | | SEM: YEAR: 2W |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH PRESENT CRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 730 | (1202) | FMT | | | |
| 2. | | | | | | |
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Date: 23/1/21

College Seal

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The student (2019 You Welling Roy, V.) has paid sum of Rs. 150 /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION 2024. (Be Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjectional College Checking Rs. 150 & Re-Assessment Rs. 300 Per Subjection Checking Rs. Aarihant Homoeopathic Medical College & F Bhoyan Rathod, Gandhinagar. Bhoyan Rathorized Signatory



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

1964001020

WINTER/SUMMER EXAMINATION

| Name: Gosal Patterhal Name: 1964 0 10 20 Institute: ALINO REPT Branch Name: With Code: YEAR: 2007 SEM: YEAR: 2007 THOM MAN MONTH RECHECK RE-ASSESSMENT REMARKS 1. 4501204 Hown MAN Month M | | | | | | | | |
|--|------------------|----------------|---------------|---------------|---------------|------------------|----------------------|-------------------------|
| Enrollment: 1964 & 10 20 Institute: ALINO RPL Branch Name With Code: SR NO. SUBJECT CODE SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT REMARKS 1. 78011204 How. Mat. Medica 2. 3. 4. 5. 6. Date: 25121 For Office Use Only (Institute Copy) SIgnature of Student Copy. Signature of Student Re-Checking fees and Subject No. has paid sum of Rs. 2007 as University Re-assessment Re-Checking fees Medical College Response Soal Principal Principal Signatory Adrihant Homoeopathic Medical College Response revised marks and subsequent result. (Re-Checking TV. 150 & Re-Assessment Rs. 300 Per Subject) | Nar | me : | Go sai | Partest | ายเล่ | Natv | 0231 si | |
| Branch Name With Code: SR NO. SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT REMARKS 1. 7801/204 Hown. Mat. Medico 2. 3. 4. 5. 6. | Enrolli | | | 20 | | | | |
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| 1. 7801(204 How. Mat Medico 2. 3. 4. 5. 6. For Office Use Only (Institute Copy) Die student Company of No. 1 has paid sum of Rs. 2007 as University Re-assessment Re-Checking fees ate: 25121 Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. Are the student that the result of reassessment of the principal results of reassessment of the student of the | Branch With C | Name Code : | | | | | | 3000 |
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| For Office Use Only (Institute Copy) JMMER/WINTER EXAMINATION. Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. Bhoyan Principles Signatory Bhoyan Rathod, Gandhinagar. Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Principles Signatory Bhoyan Rathod, Gandhinagar. Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Principles Signatory Bhoyan Rathod, Gandhinagar. Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Principles Signatory Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Principles Signatory Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Re-Checking fees Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Signatory Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Student Signatory Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. British: Signature of Signatory Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. Aarihant | 5. | | | | | | | |
| For Office Use Only (Institute Copy) JMMER/WINTER EXAMINATION As University Re-assessment Re-Checking fees Principal Resolution of Rs. As I hant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. Bhoyan Rathod, Gandhinagar. Bhoyan Rathod, Gandhinagar. Brown Re-Checking fees As I have been book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking in 150 & Re-Assessment Rs. 300 Per Subject) | 6. | | | | | | | |
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| Principal Principal Signatory Aarihant Homoeopathic Medical College & Bhoyan Rathod, Gandhinagar. hereby declare that the result of reassess particular my suswer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking 19.150 & Re-Assessment Rs. 300 Per Subject) | | , | AMINATION- | For O | ffice Use Onl | y (Institute Cop | o) (7- as University | Signature of Student |
| hereby declare that the result of reassessment my swer book shall be binding on me and that I shall accept e revised marks and subsequent result. (Re-Checking 17.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | Author |
| | 12 | 1 | | RuoA | ecking R. 1 | | Diloya | r Katiloo, Ganghinagar. |
| | | | | | | | | |

SUMMER/WINTER EXAMINATION-2024. (Re Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) has paid sum of Rs. 200//- as University Re-assessment / Re-Checking fees

Bhoyan Rathod. ege Seal

Aarihant Homoeopathic Medical Coll Rathod, Gandhin:



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 2074001025

WINTER/SUMMER EXAMINATION

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| | Insti | tute : | | 001025 | | | |
| | Branci With | n Name Code : | 171[[| ncelbi | | | SEM: |
| | SR NO. | SUBJECT CO | DOE SUB | JECT NAME WITH PRESENT GRADE | RECHECK | DE ACCECCMENT | TEAR: |
| | 1. | 7301110 | - | hysiology | - Individual of the second | RE-ASSESSMENT | REMARKS |
| | 2. | | + | 35101039 | | | |
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| The SU | e student (MMER/ | Pabar WINTER EX | i B | ON-2024, Re-Checking Rs.150 | Copy) sum of Rs. 200 & Re-Assessi | as University Rement Rs. 300 Per Bhoyan Ratho | |
| | | | | (3) | | | Authorized Signatory |



Date: 25/1/21

SWARNIM STARTUP & INNOVATION UNIVERSITY

Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 20 74001026 *

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| Enrolli | ment. : | 20 | 74001026 | | | |
| Instit | tute : | | 'hant Howe co pater's | Medica | College | f RI. |
| Branch Name With Code : | | | 4510 634 1 73011 | SEM: YEAR: 158 | | |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7301 | 1102 | Physiology | | | |
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| Date: 2 | 5/1/2 | ľ | Bhoyan Rathod College Seal | | , | Authorized Signatory |



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

964001029

WINTER/SUMMER EXAMINATION

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| Enrolli | ment. : | | 64001029 | | 0 | | |
| Instit | tute : | | Thank Med | tal coll | rege of p | I | |
| | Name Code : | | 3011204 | | | | SEM: YEAR: 2m |
| R NO. | SUBJEC | CT CO DE | SUBJECT NAME WITH | PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 730 | 11202 | Foremic My DxICUI | dicine! | | L- | |
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aid sum of Rs. 2001 (7- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-.

Date: 23 1 21

lege Seal

Authorized Signatory

Principal Aarihant Homoeopathic Medical College

I, hereby declare that the result of respect of my answer book shall be binding of me and that I shall accept the revised marks and subsequent the revised marks are revised marks and subsequent the revised marks are revised marks and subsequent the revised marks are revised marks and the revised marks the revised marks and subsequent (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

dertaking

Signature of Student

(Student Copy)

The student (Nisgreate Rahalbhai . V) has paid sum of Rs. 204 T- as University Re-assessment Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Date: 23 1 2



Aarihant Homoeopathic Med Bhoyan Rathod, Gandhinegore



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*207900(09)

WINTER/SUMMER EXAMINATION

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| Enrolli | ment. : | 20 | 7400/097 | | | |
| Instit | tute : | A | HMC & RI | | | |
| Branch With 0 | Name Code : | | | | | SEM: YEAR: 134 |
| SR NO. | SUBJEC | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7311 | 102 | Physio logg | | | |
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Date: 24 1 21

For Office Use Only (Institute Copy)

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Date: 24 1 21

Authorized Signatory

Principal

Aarıhant Homoeopathic Medical College

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Signature of Stadent

The student Hadryn Churlas boals in the sid sum of Rs. 2001 7- as University Re-assessment SUMMER/WINTER EXAMINATION-2024. (Re Checking Rs. 100 & Re-Assessment Rs. 300 Per Subject) aid sum of Rs. 2001 T- as University Re-assessment / Re-Checking fees,

Date: 24/1/21

Principal Aarihant Homoeopathic Medical College & F nt Homoeopatina Gandhinagar. Bhoyan Ratteodzeo Sgnatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

1964001032

WINTER/SUMMER EXAMINATION

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| Enroll | ment. : | | tel Tisthkuman C | han shy | am thai | |
| Insti | tute : | Agn | The I to | | | |
| Branch With 0 | Name | 7 | Theur How copeth | c Mel | Zel Corling | elde |
| SR NO. | | | 3011202 & EMT | SEM: YEAR: 2021-21 | | |
| | SUBJECT | | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 73011 | 202 | Medicina Barrolan | | | |
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| | WINTER | | Student Rath has paid INATION-2024. (Re-Checking Rs. 15 | 0 10 | | Principal |
| Date: 23 | 1112 | 1 | College Seal | | Aarihant Hom Bhoya | oeopathic Medical College & R.I n Rathwde Gandhinagas |



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 2074001003

WINTER/SUMMER EXAMINATION

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| Instit | HH | MC & RI | | | |
| Branch With C | Namo | TOTAL | | | |
| SR NO. | | | | | SEM: |
| OK NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | Proute | | YEAR: 157 |
| 1. | 73011105 | Physiology | RECHECK | RE-ASSESSMENT | REMARKS |
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| | | September 1 | takina | Aarihant Ho Bhoy | Principal moeopathic Medical College & yan Rathod, Gandhinagar. |
| , hereby he revis | declare that t | he result of reassessments and answer and subsequent result. (Re-Checking Rs.) | | | |
| الملكا | e of Student | | | | rer subject) |
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| he student | Charde | 2 Orogine opathical bas paid | t Copy) | | Augster |
| UMMER | /WINTER EXAM | MINATION-2024. (Re-Checking Rs.15 | 0 & Re-Asses | ssment Rs. 300 Pe | Re-assesment / Re-Checking-fees r Subject) |

Date: 24/1/21

College Seal

Principal
Aarihant Homoeopathic Medical College & R.
Bhoyan Rathod, Gandninagar.

186



Date: 24 1 21

SWARNIM STARTUP & INNOVATION UNIVERSITY

Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*207 400 1007

WINTER/SUMMER EXAMINATION

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| | | | 111 | | |
| Enroll | | 074001007 | | | |
| | | HEMCERI | | | SEM: |
| | h Name Code : | | | , | YEAR: 300 |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 73011102 | Physiology | | | |
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| The studen SUMMER Date: 21 | declare that the | For Office Use On Cr. Lad Mas pair MINATION Coffinge Seal Under the result of reassessment of the result (Re-Checking Rs.1: | d sum of Rs. 300 | Aarihant Hom Bhoya be binding on m | Authorized Signatory Principal Oeopathic Medical College 8 n Rathod, Gandhinagar. te and that I shall accept |
| - | | | | | |



CERTIFICATE

This is to inform that Aarihant Homoeopathic Medical College and Research Institute Having Programme code 7 have 13 number of students for rechecking and reassessment in year 2020-21 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment Summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| 1 | 2020-21 | 13 |





Aarihant Homoeopathic Medical College and Research Institute

Recheck/reassessment Academic year 2020-21

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|------------------------------------|-----------------|----------------------------------|-----------|
| 1 | 1964001082 | Parmar Kaushal Yashvantkumar | 73011101 | Human Anatomy | No Change |
| 2 | 1964001013 | Shah Deep Jayesh | 73011102 | Physiology Incl. Biochemistry | Pass |
| 3 | 1964001046 | Ghanchi Konaintanya Mohsinbhai | 73011102 | Physiology Incl. Biochemistry | No Change |
| 4 | 1964001016 | Rathod Vishwa Jayeshbhai | 73011102 | Physiology Incl. Biochemistry | No Change |
| 5 | 1964001038 | Soni Devanshi Rajeshkumar | 73011102 | Physiology Incl. Biochemistry | No Change |
| 6 | 1964001046 | Piprani Abdul Aziz Mohmed Faruk | 73011102 | Physiology Incl. Biochemistry | No Change |
| 7 | 1874001069 | Rathod Vishwa Jayeshbhai | 73011103 | Homoeopathic Pharmacy | No Change |
| 8 | 1874001063 | Saiyed Mobasara Razaali | 73011202 | Forensic Medicine & Toxicology | Pass |
| 9 | 1874001002 | Prajapati Sagar Rajubhai | 73011202 | Forensic Medicine & Toxicology | No Change |
| 10 | 1874001089 | Ansari Saminkausar Irfan Ahmed | -73011202 | Forensic Medicine & Toxicology | Pass |
| 11 | 1874001044 | Shaikh Hasnen Irfnbhai | 73011202 | Forensic Medicine & Toxicology | No Change |
| 12 | 1874001027 | Panchal Shreya Kamleshbhai | 73011202 | Forensic Medicine & Toxicology | Pass |
| 13 | 1874001028 | Labana Bhumika Vinodbhai | 73011202 | Forensic Medicine & Toxicology | Pass |



Swarrnim Startup & Innovation University



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1969-00/082

WINTER/SUMMER EXAMINATION

| Nai | Name: Parmar Kaushal Yashvantkumar | | | | | | | | | | |
|------------------|------------------------------------|----------|---------------------------------|---------|---------------|---------------|--|--|--|--|--|
| Enrolli | ment. : | 1960 | 196400/082 | | | | | | | | |
| Institute : | | AL | AHMC & RI | | | | | | | | |
| Branch With 0 | Name | | | | | SEM: | | | | | |
| SR NO. | SUBJEC | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR: REMARKS | | | | | |
| 1. | 730 | 11101 | Human anatomy | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
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| 5. | | | | | | | | | | | |
| 6. | | | 2 | | | | | | | | |

Date: 93/1/21

The student (Parmor Caushal SUMMER/WINTER EXAMINATION -.

Date: 23 1 21

For Office Use Only (Institute Copy)

Medical Co

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has paid sum of Rs. 200 7- as University Reprincipal Re-Checking fees. Aarihant Homoeopathic Medical College & R. I. Bhoyan Rathod, Gandhinagar.

Authorized Signatory

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Bhollan Se

Signature of Student

The student (a may SUMMER/WINTER EXAMINATION-2024

Date: 23/12/

(Student Copy)

College Seal

has has bum of Rs. 300 T- as University Re-assessment / Re-Checking fees

(ing Rs. 15) & Re-Assessment Rs. 300 Per Sulpermipal

Aarihant Homoeopathic Medical College S Bhoyan Rathod, Gandhinagar.

Authorized Signatory



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 196400 1013

WINTER/SUMMER EXAMINATION

| No | | | | | | |
|----------|------------------|--|--------------------------------|------------------------|-------------|--|
| | | ah Deep Jayesh | | | | |
| | ment. : 1960 | 700/013 | | | | |
| | | nc + RI | | | | |
| With (| n Name Code : | | | | SEM: | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR: | REMARKS |
| 1. | 73011162 | Physiology incl. Biochemistry | | ~ | | |
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| 6. | | | | | | |
| Date: 8 | | For Office Use Or | nly (Institute Cop | py) | ٠. | Adre of Student |
| SUMME | R/WINTER EXA | MINATION Jayeoh has pa | id sum of Rs. | 2 as University | Re-assessme | ent / Re-Checking fees |
| Date: Jh | • | Coslege Seath Onder the result of reassessment of my ansubsequent result. (Re-Checking Rs. | 1 | Aarihant Homoe | Deincina | thorized Signatory edical College & R.I. andhinagar. |
| | ed marks and s | he result of reassessment of my and subsequent result. (Re-Checking Rs. | swer book sha 150 & Re-Assa | | | |

(Student Copy)

The student (Shork Dee - Jayesh) has paid sum of Rs. 300 Fas University Re-assessment Re-Checking fees .

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Principal
Principal
Aarihant Homoeopathic Medical College & R. I

Aarihant Homoeopathic Medical College & R. I

Bhoyan Rathodur Gandhinagar.
Bhoyan Rathodur Gandhinagar.

Date: ah 1 21

College Se



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*1964 00/016

WINTER/SUMMER EXAMINATION

| Nar | Name: Sanchi Konaintanya mohsimbhai | | | | | | | |
|------------------|-------------------------------------|----------------------------------|---------|---------------|---------|--|--|--|
| Enrolli | Enrollment.: 196400/046 | | | | | | | |
| Instit | Institute: AHMC & RI | | | | | | | |
| Branch With 0 | Branch Name With Code : | | | | | | | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR:) | | | |
| 1. | 73011102 | Physiology incl. Biochemistry | | RE-ASSESSMENT | REMARKS | | | |
| 2. | | - biochemistry | | | | | | |
| 3. | | | | | | | | |
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| 6. | | | | | | | | |

Date: 23 1 21 For Office Use Only (Institute Copy)

The student (Gauchi Congintanya Mas paid sum of Rs. 2001) - as University Re-assessment / Re-Checking fees
SUMMER/WINTER EXAMINATION-.

Date: 23/1/21

Aarihant Homoeopa Richesical College Bhoyan Rathod, Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

The student County County Ny has paid som of Rs. 300 / as University Re-assessment Rs. 300 Personal Rhoyan Rational College & Re-Assessment Rs. 300 Personal Rhoyan Rational Rhoyan Rhoyan Rational Rhoyan Rhoyan Rational Rhoyan Rho

Date: 23/1/21

College Se

Authorized Signatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No. * 1964001016

WINTER/SUMMER EXAMINATION

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|--------------|------------|----|--------|-------------------------|---------|---------------|-------|---------|
| | Name : | Ro | Hood | 12'01 | | | | |
| Enre | ollment. : | la | 640010 | vishwa Ja | yeshbh | ogi | | |
| Ins | stitute : | | HMC | 10 | | | | |
| Bran With | ch Name | П | TIME | + RI | | | | |
| SR NO | | | | | | | SEM: | |
| SIC IVO | | | | NAME WITH PRESENT GRADE | Brown | | YEAR: | |
| 1. | 730111 | 02 | Physic | plogy incl. | RECHECK | RE-ASSESSMENT | • | REMARKS |
| 2. | | | Bi | ochemistry | | V | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
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| 6. | | | | | | | | |
| | | | | | | | | |

Date: 25 | 1 | 21

Signature of Student

The student Rathool Vishua SUMMER/WINTER EXAMINATION.

Date: 25/1/21

For Office Use Only (Institute Copy) paid sum of Rs. 300/ as University Re-assessment / Re-Checking fees Bhoyan

I, hereby declare that the result of reassessment of my answer book shall be binding on the and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

SUMMER/WINTER EXAMINATION-2024. (Re-CE

Date: 25 1 21

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Rathod.

bas paid sumof Rs. 3001 /- as University Re-assessment / Re-Checking fees R

-Assessment Rs. 300 Per Subject) nadical Col

Rathon, Gandhingde

Authorized Signatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*1964 001038

WINTER/SUMMER EXAMINATION

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| Instit | | | mc & RI | | | | | | |
| Branch With 0 | Name Code : | | | | | | · | | |
| SR NO. | SUBJECT CO | SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT | | YEAR: | REMARKS | | | | |
| 1. | 7301110 | 2 | Physiology inct. Biochemistry | | V | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
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Date: 93 1 21 For Office Use Only (Institute Copy) 2. ____) has paid sum of Rs. 300 1/2- as University Re-assessment / Re-Checking fees

Date: 3312

Principal

answer book shall be triham Homoeopathic Medical College & R. 130 & Re-Assessment Rs. 300 Per Subject) I, hereby declare that the result of reassessment of pay the revised marks and subsequent result. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

of Student

(Student Copy) The student (Son! Devansh C.

) has paid sum of Rs. 300 /- as University Re-assessment / Re-Checking fees

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject rincipal Aarihant Homoeopathic Medical College 8

Bhoyan Rathod, Gandhinagar. Authorized Signatory



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1964001046

WINTER/SUMMER EXAMINATION

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| Enrolli | ment. : | | 400/046 | onmied | LANK | |
| Insti | tute : | - | tmc & RI | | | |
| Branch With (| h Name Code : | The second second | | | | SEM: YEAR: |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7301 | 102 | Physiology incl Biochemistry | | V | |
| 2. | | | · · | | | |
| 3. | | | | | | |
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| 20 (4)(4) | er/win Rh 1 4 | ER EAP | ni Abdul. Aziz) as p. MINATION College 263 | 1 | | Authorized Signatory |
| , herel he rev | by decla | re that | Ur de the result of reassessment of my ar subsequent result. (Re-Checking Rs | ertaking iswer book sh .150 & Re-Ass | all be binding or | Principal Collection of the Pr |
| Signati | ure as | rident | - | | | |
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| The stud | ent (| TER EXA | (Stude) Abdul A2/2 has pa MINATION-2024. (Re-Checking Rs.) | id sum of Rs. 3 50 & Re-Asse | SSMent Rs 300 Da | r subject Medical College & Seopathic Medical College & Se |
| | | | | | A LIAPTII | eOpatille andhinagai. |



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 187400 | 069

WINTER/SUMMER EXAMINATION

| Na | me : | Ka- | thod Vishwa Jay, | esh bha | 1 | |
|--------------------------|------------------|----------------|--|---|---------------|--------------------------------|
| Enroll | ment. : | (8 | 7400/069 | | | |
| Insti | tute : | | IMC & RI | | | |
| Branci With | h Name Code : | | | | | SEM: YEAR: \ |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 7301 | 1103 | Homoeopathic pharmacy | | ~ | |
| 2. | | | | | | |
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| Date: 6 The studer SUMME | nt <u>R</u> | xthe ER EXA | For Office Use Onl MINATION College Seal | y (Institute Cop I sum of Rs. <u>ろ</u> く | as University | Dein Ald Sprized Signatory |
| | 10 " | | Under | aking | Aarihant Homo | peopathic Medical College & R. |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Undertaking

(Student Copy)

The student (Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Bhoyan Rathod, Gandhinagar.

Principal
Aarihant Homoeopathic Medical College & R.I.
Bhoyan Rathedricanstrugantory

Date: 23/1/21

College Seal



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 187400/063

WINTER/SUMMER EXAMINATION

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|----------------------------|---------|-----------|-----------------------------------|---------|-----------------|---------|--|--|
| Enrolli | ment. : | 10 | 74001063 | | | | | |
| Insti | tute : | AHMC + RI | | | | | | |
| Branch Name With Code : | | | | , | SEM: YEAR: 2 | | | |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| 1. | 734112 | 202 | povensic medicine 4 Toxicology | | V | | | |
| 2. | | | <i>V</i> | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
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| 6. | | | | | | | | |
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Date: 24 1 21

The student Saiyed Mobaliva Whas paid sum of Rs. 2001 /- as University Re-assessed

SUMMER/WINTER EXAMINATION-

Date: 24 1 21

Principal Aarihant Homoeopathic Medical College & Bhoyan Ratheth Gandhighagar,

Undertaking

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

(Student Copy)

The student (Source Moba Sova C.) has paid sum of Rs. 300 T as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Principal Principal

Aarihant Homoeopathic Medical College & R.I. nt Homoeopathic mountainagar. Bhoyan Rathod Authorized Signatory

Date: 24 121

College Seal



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1874001002

WINTER/SUMMER EXAMINATION

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| | Nam | ie: PY | avabati sagar Ravi | ubhaj | | | | |
| En | rollm | nent. : 18 | 7400/002 | | | | | |
| I | nstitu | ute: A | tmc & RI | | | | | |
| 1 | | Name ode : | | | | SEM: YEAR: 2 | | |
| SR | NO | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| | | - | | REGREOR | NE-ASSESSMENT | REMARAS | | |
| 1 | | 73011202 | Forensic medicine 4 Toxicology | | | | | |
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| Signa |).Ç.(ture | of Student | | | | | | |
| | | | INATION-2020 (Recodering Recoder) | | D | rincinal | | |
| Date: | 2 | elilei | Conlege Seal | A | | thic Medical College & R h hod, Gandhirath Signatory | | |



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 187400 089

WINTER/SUMMER EXAMINATION

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| Enrolli | ment. : | | 74 ov 1089 | | | | | |
| Instit | tute : | tute: AHMC & RI | | | | | | |
| Branch Name With Code : | | | | | | SEM: YEAR: 2 | | |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| 1. | 7301 | 1202 | Forensic medicine 4 Toxicology | | | | | |
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| 3. | | | | | | | | |
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| 5. | | | | | | | | |
| 6. | | | | | | | | |
| | Signature of Student For Office Use Only (Institute Copy) The student Angli Samin Ruggic Mountains and sum of Rs. 2 001/1- as University Re-assessment / Re-Checking fees | | | | | | | |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

ertaking

Signature of Student

Date: all 12

The student (Ander Summer Research Rese

Date: 24 1 21

Authorized Signatory

Authorized Signatory



Enrollment No.

* 1874001044

-:: Re-Assessment / Re-Checking for University Exam ::-

WINTER/SUMMER EXAMINATION

| Nam | ne : | 51 | Shaikh Hasnen Iranbhai | | | | | | |
|---------------------------|---------|----------|-----------------------------------|---------|-----------------|---------|--|--|--|
| Enrolln | nent. : | 18 | 7400 1044 | | | | | | |
| Instit | ute : | A | HMC & RI | | | | | | |
| Branch Name With Code: | | | | | SEM: YEAR: 9 | | | | |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | |
| 1. | 730 | 1262 | Fovensic medicine 4 Toxicology | | V | | | | |
| 2. | | | | | | | | | |
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Date: 23 1 21

Signature of Student

For Office Use Only (Institute Copy)

The student (Shaikh Hossen) has paid sum of **Rs. 300 f**- as University Re-assessment / Re-Checking fees Wedica,

Date: 23 1 21

Undertaking

Azrihant Homoeopathho Medisal College & Rhovan Rathod. Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept I, the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) tŀ

Si Signature of Student

(Student Copy)

The student Chaich Hachendales) has paid sum of Rs. 2001 as University Re-assessing Re-Checking fees SUMMER/WINTER EXAMINATION-2024 (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject Medical College & R.I. Aarihant Homoeopathic Medical College & R.I. Abovan Rathod, Gandhinagar.

Bhoyan Rathod, Gandhinagar,

Authorized Signatory

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-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 107 4001027

WINTER/SUMMER EXAMINATION

| Institute: AHMC + RI Branch Name With Code: SRNO. SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT REMARKS 1. 7301/202 POVENSIC MEDICINE 4. TO MICOLOGY 2. 3. 4. 5. 6. 6. | Nar | ne : | Panchal Shreya Kamleshbhai | | | | | | | |
|--|---------|---------|----------------------------|-----------------------------------|---------|---------------|--|--|--|--|
| Branch Name With Code: SEM: YEAR: 2. SR NO. SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT REMARKS 1. 7301/202 POVENSIC MEDICINE 4 TO NICOlogy 2. 3. 4. 5. | Enrollr | ment. : | 18 | 7400/027 | | | | | | |
| With Code: SR NO. SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE 1. 7301/202 POVENSIC MEDICINE 2. 3. 4. 5. | Instit | tute : | ute: AHMC + RI | | | | | | | |
| SR NO. SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE 1. 7301/202 POVENDIC MEDICINE 4 TO MICOLOGY 2. 3. 4. 5. | | | | | | | | | | |
| 2. 3. 4. 5. | | | | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | | | | |
| 2. 3. 4. 5. | 1. | 7301 | 1202 | Povensic medicine 4 Toxicology | | | | | | |
| 4. 5. | | | | | | | | | | |
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| | 6. | | | | | | | | | |

Date: 23/1/21 For Office Use Only (Institute Copy) __) has paid sum of Rs. ______ as University Re-assessment / Re-Checking fees

Date: 23/12/

College Seal

Aarihant Homoeopathic Medical Contege & R. Bhoyan Rathod, Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Undertaking

Sherry Signature of Student

(Student Copy)

The student (Panchal Christya C) has paid sum of Rs. 300 / as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Date: 23/1/24

College Seal

Aarihant Homoeopathic Medical College & Bhoyan Rathedzed Signatory



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 187400/028

WINTER/SUMMER EXAMINATION

| Nar | me : | là | Labana Bhumika vinodbhai | | | | | | | |
|---------|------------------|----------|-----------------------------------|-----------------|---------------|---------|--|--|--|--|
| Enrolli | ment. : | 18 | 74001028 | | | | | | | |
| Instit | tute : | A | AHMC & RI | | | | | | | |
| | n Name Code : | | | SEM: YEAR: 9 | | | | | | |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | |
| 1. | 7301 | 1202 | Forensic Medicine 4 Toxicology | | V | | | | | |
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| 5. | | | | | | | | | | |
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Date: 2h 1 21 For Office Use Only (Institute Copy) The student (Labana Bhuming Va) has paid sum of Rs. 3001/1- as University Re-assessment / Re-Checking fees Date: 24 1 21

Undertaking

A ... Homoeopathic Medical College & R Bhoyan Rathod, Gandhinagar.

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

(Student Copy)

The student (Cabana Bhem) ba V.) has paid sum of Rs. 300 /- as University Re-assessment / Re-Summer/Re-assessment Rs. 300 Per published in dictional control of the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in dictional control of the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in dictional control of the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in dictional control of the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published in the student (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per published (Re-Checking Rs. 150 & Re-Checking R ant Homoeopathic Medical College & R. I

Date: 24 1121

College Seal

Bnoyan Ralhod, Gandhinagar. Authorized Signatory



CERTIFICATE

This is to inform that Aarihant Homoeopathic Medical College and Research Institute Having Programme code 7 have 4 number of students for rechecking and reassessment in year 2019-20 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment Summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| 101 | 2019-20 | TT T4 |





Aarihant Homoeopathic Medical College and Research Institute

Recheck/reassessment Academic year 2019-20

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|----------------------------|--------------|---------------|--------|
| 1 | 1874001041 | Oza Deep Kishorbhai | 73011101 | Human Anatomy | Pass |
| 2 | 1874001057 | Patel Vaibhav Rameshbhai | 73011101 | Human Anatomy | Pass |
| 3 | 1874001048 | Parmar Sameep Narottambhai | 73011101 | Human Anatomy | Pass |
| 4 | 1874001090 | Sachi Dipakkumar Patel | 73011101 | Human Anatomy | Pass |





-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1874-00/041

WINTER/SUMMER EXAMINATION

| Nai | me : 079 | a Deep Kishovbhai | | | |
|------------------|---------------------------------------|---|-------------------------------|--|--|
| Enroll | ment. : 18 | 74001041 | | | |
| Instit | | tmc & RI | | | |
| Branch With 0 | Name Code : | | | | SEM: |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR: |
| 1. | 73011101 | Human Anatomy | | V | |
| 2. | | | | | |
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| 6. | | | | | |
| | R/WINTER EXA | For Office Use On College Seal | d sum of Rs. 3 | 7- as University | Jupiter |
| | 10(00) | Under | | Aarihant Homo Bhoyal | Principal rized Cidlego & For Rathod, Gandhinagar. |
| 2 10 1150 | I I I I I I I I I I I I I I I I I I I | ne result of reassessment of my ans ubsequent result. (Re-Checking Rs.) | wer book sha 150 & Re-Assa | all be binding on essment Rs. 300 P | me and that I shall accept Per Subject) |
| gnature | of Student | | | | |
| | | (CA | | NOON SEED TO A | Aufahr |
| | A20 | (Student | Сору) | | |

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment Rshand temsellect) dedicated lege & R. Bhoyan Rathod, Gandhinagar. Date: 6 12 2019

The student OZe Deep . C

College Seal

Authorized Signatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 187900/057

WINTER/SUMMER EXAMINATION

| Nar | me: Pat | el Vaibhar Rame | sh bha | i | |
|-------------------|----------------|--|--------------|-----------------------|---|
| Enroll | | 74001057 | 7.1 - 100 | 1 | |
| Instit | tute : AHI | MC + RI | | | |
| Branch With 0 | Name Code : | , | | | SEM: YEAR: |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 73011101 | Human anatomy | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| SUMMER Date: 6 | R/WINTER EXAM | For Office Use Only has paid has paid Rathod. Re-Checking Rs.13 | sum of Rs. 3 | a o 17- as University | Re-assessment / Re-Checking fees Authorized Signatory Principal Principal College of the Checking fees Authorized Signatory Principal College of the Checking fees |
| The student | (fate) | (Student Banyan has and supplied to the standard has an | | /- as University F | Re-assessment / Re-Checking fees |

Date: 6 | K | 11

College Seal

& Re-Assessment Rs. 300 Perprincipal

Aarihant Homoeopathic Medical College & R.J.

Bhoyan Rathod, Gandhinagar.

Authorized Signatory

Authorized Signatory



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1874001048

WINTER/SUMMER EXAMINATION

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|----------------------|----------------------|--|-------------------------------|------------------|--|
| Enrolli | | 74001048 | | | |
| Instit | tute : AH | mc + RI | | | |
| Branch With C | n Name Code : | | | | SEM: |
| | | | | | YEAR: |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 73011101 | Human anatomy | | V | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| SUMMER | R/WINTER EXAI | MINATION Bhoguage Sharkhod. Rathod. The result of reassessment of my answabsequent result. (Re-Checking Rs.1) | | A . | Authorized Signatory Principal. eopathic Medical College & Francisco Condition (Conditional College & Francisco Conditional College & Francisco Coll |
| Signature | of Student | | | | |
| The student (SUMMER) | Parma WINTER EXAM | INATION 2024. (Re-Checking Rs.150 Bhoyan Rathod. | Copy) sum of Rs. & Re-Assess | sment Rs. 300 Pe | Re-assessment / Re-Checking gifts Shewing the dical College pathic Medical College path |



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*1874001090

WINTER/SUMMER EXAMINATION

| Nar | ne: So | achi Dipakkumar | Patel | | |
|------------------|----------------------|---|---------------|------------------------------|---|
| Enrolli | | 24001090 | | | |
| Instit | tute : | HMC & RI | | | |
| Branch With C | Name | | | | SEM: |
| | | | | T | YEAR; |
| SR NO. | SUBJECT CO | E SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 73011101 | Human anatomy | | | 9 |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| Date: 7 | TR/19 | For Office Her O | | | signature of Student |
| The studen | t Sad R/WINTER EX | For Office Use Or AMINATION- Openic Medica, | id sum of Rs. | מיאי) יו ער as University | Re-assessment / Re-Checking fees |
| Date: 7 | 12/19 | AMINATION- Bhoyan College Seal Rathod. Under | | , we | Authorized Signatory Medical Candhinagar. |
| | | nices Under | rtaking | Puohau E | Rathod, Garran |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

(Student Copy)

The student (Sachi Di Palclamar Pold has paid sum of Rs. 20014 as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

College Seal

Apriliant Homoeopathic Medic Bhoyan Rath Authorized Signatory



CERTIFICATE

This is to inform that Aarihant Ayurvedic Medical College and Research Institute Having Programme code 10 have 8 number of students for rechecking and reassessment in year 2022-23 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| 1 | 2022-23 | 8 |







Aarihant Ayurvedic Medical College and Research Institute

Recheck/reassessment Academic year 2022-23

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|---|------------------------|-----------------|-----------|
| 1 | 1910400108 | Patel Dhruv <mark>il Jagdishbhai</mark> | <mark>43061</mark> 304 | Agadtantra | Pass |
| 2 | 1910400108 | Makwana Poojaben Mohanbhai | 43061301 | Swasthvritta | Pass |
| 3 | 1910400111 | Parmar Maulik Kumar Rameshchandra | 43061304 | Agadtantra | No Change |
| 4 | 1910400112 | Dave Janhvi Rajeshkumar | 43061304 | Agadtantra | Pass |
| 5 | 1910400112 | Sagar Khilvatben Prakashbhai | 43061301 | Swasthvritta | Pass |
| 6 | 1910400116 | Thakor Pradip Bachubhai | 43061304 | Agadtantra | Pass |
| 7 | 1910400117 | Thakkar Parth Kamleshkumar | 43061304 | Agadtantra | Pass |
| 8 | 1910400117 | Thakkar Jay Vinodchandra | 43061304 | Agadtantra | No Change |

UNIVERSITY WHERE IDEAS COME ALIVE.





Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1910400108 *

WINTER/SUMMER EXAMINATION

| | | | 1 1 | , | | | | | | |
|----------|-----------------------------|---|--------------------|--------------------|------------------------------------|--|--|--|--|--|
| Na | me : | Patel Dhruvil Jaydrshbhai | | | | | | | | |
| Enroll | ment.: .1910400108 | | | | | | | | | |
| Insti | itute : | Acmirunt Pyure | dum | edicul | olles | | | | | |
| | h Name Code : | B. A.m.s Aquiedy | | | SEM: Grd yr B.A. | | | | | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | | |
| 1. | 4306 130 | 4. Agold Turm | | V | | | | | | |
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| 3. | | | | | | | | | | |
| 4. | | | | ÿ | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| Date: 7 | 27/0/2 | For Office Use O | only (Institute Co | opy) | Signature of Student | | | | | |
| he stude | ent (FU) CL ER/WINTER EX | For Office Use Office | aid sum of Rs./C | 200/Las University | y Re-assessment / Re-Checking fees | | | | | |
| | | V See Co. | 310 | | Van | | | | | |
| ate: 🔰 | 27/4/2 | College Sea | 1/2/ | | Authorized Signatory | | | | | |
| | , , | 1 35000 7 | . 12.1 | | Dringing | | | | | |

Undertaking

Principal Aarihant Ayurvedic Medical

College and Research Institute

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Wan Rathod Vs



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 191040010p.

WINTER/SUMMER EXAMINATION

| Nan | Name: Makvers pogla Mohabhy | | | | | | |
|----------|-----------------------------|------------------------------------|------------------------------------|------------------------------------|--|--|--|
| Enroll | Enrollment.: 19)040010 \$ | | | | | | |
| Instit | tute : | Tenhal by Juve | | my coi | 112 | | |
| | h Name | BAMIS | | | SEM! | | |
| with | Code : | Britis | | | YEAR: | | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| 1. | 19104001 | Swas Hovnit | • | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | - | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| Date: | ent Poola | For Office Use (| Only (Institute Coperate of Rs. Do | Dy) 〇 <i>O</i> /- as University | Signature of Student / Re-assessment / Re-Checking fees | | |
| | | MINATION | | | | | |
| Date: 2 | 7/9/23 | College Se | al | | Authorized Signatory | | |
| | | | ertaking | Aariha | principal nt Ayurvedic Medical | | |
| I, hereb | y declare that | the result of reassessment of my a | nswer book sha | all be binding 6 | n me and that I shall accept | | |

the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*1910400/11 *

WINTER/SUMMER EXAMINATION

| Naı | me : | • | Parmar Man | olive K | uwar & | 20 mesticha L | |
|-------------------|------------------------------|------------|--|---------------------|----------------------------------|---|--|
| Enroll | ment. : | 1910400111 | | | | | |
| Insti | tute : | | Acribunt 174 | | nedozol | cella | |
| | h Name Code : | | B.A.MS AYN | | | SEM: / | |
| SR NO. | SUBJECT | O DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | |
| 1. | 9366 | 304 | ·Agadtunta | | | | |
| 2. | | | J | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| Date: The student | 2719 nt Pc/x er/WINTER | 12 EXA | For Office Use Mucoli V. Hump) has MINATION | Only (Institute Cop | oy) ひ の/Jas University | Signature of Student Re-assessment / Re-Checking fees | |
| | 27/9/ | | () ah | lertaking | C-Hogs | Authorized Signatory Principal ant Ayurvedic Medical and Research Institute | |
| I, hereby | y declare | that t | he result of reassessment of my | inswer book sha | all be binding or | n me and that I shall accept | |

the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1910400116 *

WINTER/SUMMER EXAMINATION

| Nar | me : | Thake | Buls | O Bru | chiphai | | | | |
|--------|---------------------------------------|--|-------------------|-------------------|-----------------------------|--|--|--|--|
| Enroll | ment. : | Thaker Budip Buchukhai 19:10:400116 | | | | | | | |
| Insti | tute : | Aconhund | Ayanve | 1. Medie | rallog le | 7 | | | |
| | h Name Code : | B. A. M. | 2 | | , , , , | SEM: Agad Ron | | | |
| SR NO. | SUBJECT CO | SUBJECT NAME WITH P | RESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | |
| 1. | 4366130 | 19 Agad To | NH | | | | | | |
| 2. | | J | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| | 1) 9 2 nt Thu K R/WINTER E) | | For Office Use Or | nly (institute Co | py) 00 1/- as University | Signature of Student Re-assessment / Re-Checking fees | | | |
| ate: 2 | 71412 | 7 | College Seal | hod & | Aarihai | Principal nt Ayurvedic Medical and Research Institute | | | |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs-150 & Re-Assessment Rs. 300 Per Subject)



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1910400116

WINTER/SUMMER EXAMINATION

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| Enrolln | ment. : | 1910460116 | | | | | | | |
| Instit | ute : | Aurihard Ayaved | -1 med | red (or | (m) | | | | |
| Branch With C | | B.A.M.S | | 91- | SEM: 3747~ | | | | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | |
| 1. | 430613 | 4 The Ispa Persh Kun Gamleshtun |) | | | | | | |
| 2. | | Homleshtun | ^ | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
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Date: 26/9/23

Signature of Student

For Office Use Only (Institute Copy)

The student Corm Thorn For Weskinghaid sum of Rs. 1000/as University Re-assessment / Re-Checking fees

SUMMER/WINTER EXAMINATION-.

Date: 26/4/23

College Seal

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Aarihant Ayurvedic Medical

College and Research Institute

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Bhoyan Rathod

Undertaking



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1910400117

WINTER/SUMMER EXAMINATION

| ne : | Thoughter Tany VinadeLandra | | | | | | |
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| ment. : | 1910400117 | | | | | | |
| ute : | | | | | | | |
| anch Name | | | | | | | |
| SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | |
| 43061304 | - Agad tanooca | _ | | | | | |
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| | Name code : | nent.: 1910400117 ute: AMCLP1 Name ode: BAMS SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE | Name code: SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK | Name code: SUBJECT CO DE SUBJECT NAME WITH PRESENT GRADE RECHECK RE-ASSESSMENT | | | |

Date: 22/9/27

Date: 22/9/23

For Office Use Only (Institute Copy)

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The student () LOKEY ...

) has paid sum of Rs. 1000 /- as University Re-assessment / Re-Checking fees

SUMMER/WINTER EXAMINATION -.

College Seal

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Undertaking

College and Research Institute

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 19/0000112

WINTER/SUMMER EXAMINATION

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|------------------|---------|--|-----------|------------------|-------|---------|---------------|---------------------|--|
| Enrolln | nent. : | Sager Khilverthen Prakarhhai 1910400112 Aunihorn Agundeliz melicul College & Degence from SEM: 302 year | | | | | | | |
| Instit | ute : | Aco | ihom | Agumelia | me | dical | colleges | Degend positi | |
| Branch With C | | B | Ams | 0 | • | | 0 | SEM: YEAR: 302 year | |
| SR NO. | SUBJE | CT CO DE | SUBJECT N | AME WITH PRESENT | GRADE | RECHECK | RE-ASSESSMENT | REMARKS | |
| 1. | 430 | 61304 | Suc | yst vora | | | 1. | | |
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Date: 25/9/23

For Office Use Only (Institute Copy)

) has paid sum of Rs1 200 /- as University Re-assessment / Re-Checking fees

Date: 25/9/2)

College Seal

P winted the di Signatory Aarihant Ayurvedic Medical

College and Research Institute

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Undertaking



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1910400117

WINTER/SUMMER EXAMINATION

| No | | | | | | | | | |
|--------|----------------|---------------------------------|---------|---------------|-----------------------|--|--|--|--|
| Na | me : | Dave Jambri Reighterman | | | | | | | |
| Enroll | ment. : | 1910400111 | | | | | | | |
| Insti | tute : | AAMC 2 RI | | | | | | | |
| | Name Code : | BAMS | | | SEM: YEAR: 3 Lycon | | | | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | |
| 1. | 4306130 | + Agadtemore | _ | 1 | | | | | |
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Date: 25 9123

For Office Use Only (Institute Copy)

College

Student

The student Down Janhy

has paid sum of Rs. 1000 /- as University Re-assessment / Re-Checking fees

SUMMER/WINTER EXAMINATION-.

Date: 28/4/29

College Seal

Ghandhinagai Undertaking

Principal

Aarihant Ayurvedic Medical

College and Research Institute

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

of Student



CERTIFICATE

This is to inform that Aarihant Ayurvedic Medical College and Research Institute Having Programme code 10 have 6 number of students for rechecking and reassessment in year 2021-22 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment Summary

| Sr no | Year | No of recheck |
|-------|-----------------------|---------------|
| 1 | 202 <mark>1-22</mark> | 6 |





Aarihant Ayurvedic Medical College and Research Institute

Recheck/reassessment Academic year 2021-22

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|---|-----------------|---|-----------|
| 1 | 2010401020 | Gamit Archana Chemabhai | 43061105 | Rachana Sharir | Pass |
| 2 | 1910400110 | Parmar Maulik Kumar Rameshchandra | 43061201 | Dravya Guna | No Change |
| 3 | 1910400149 | Damor Keta <mark>nkumar Kant</mark> ibhai | 43061201 | Dravya Guna | No Change |
| 4 | 1910400155 | Chaudhary Srushti Rameshbhai | 43061102 | Sanskrit | No Change |
| 5 | 2010401081 | Patel Dhruv Manishkumar | 43061101 | Padarth Vigyan Evum Ayurveda Itihas | No Change |
| 6 | 1910400117 | Thakkar Jay Vinodchandra | 43061201 | Dravya Guna | No Change |





-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 20/040/020 *

WINTER/SUMMER EXAMINATION

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| rat elli | ment. : | 2010401 | 020 | | |
| | itute : | Juntos Arunel | ·mo | doce | 11127 |
| | h Name Code : | Aguneon | The second | | SEM: |
| | T | | | | YEAR: |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT CRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. 4 | 3061105 | Deechen Sherr. | • | | |
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| Date: | | | | | Signature of Student |
| The studen | R/WINTER EXAM | For Office Use On Che wobhas pai | ly (Institute Cop d sum of Rs. 100 | y) OO/- as University R | , |
| Date: | | A College | \$50. | | NB. |
| Jake: | | College Seal | - 141 | to the party strength against a supplier for the contract of t | Authorized Signatory |
| | | Shoyan Rath | | Aarihai | nt Ayurvedic Medical |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signatury of Student



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1910400110

WINTER/SUMMER EXAMINATION

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|-----------------|------------------|----------|-----------------------|-------------------|---|----------------------------|---|
| Enroll | ment. : | | 1910 400 | | | | |
| Insti | tute : | | amcent | | | | |
| | n Name Code : | | Brews | | | | SEM: 2nd year YEAR: |
| SR NO. | SUBJE | CT CO DE | SUBJECT NAME WIT | 'H PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 430 | (201 | Drangage | m | | | |
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| 3. | | | | | | | |
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| 6. | | | | | | | |
| Date: The stude | nt Pa | TER EXA | Manlikky MINATION- | For Office Use Or | aly (I nstitute Co id sum of Rs. | py) 30 /- as University | Signature of Student Re-assessment / Re-Checking fees |
| Date: | | | | College Seal | | Aariha | Principal nt Ayurvedic Medical and Research Institute |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

*1910400149 *

WINTER/SUMMER EXAMINATION

| Nan | ne : | Damer Ketonk | umer | Kon | b'bhoy | | |
|------------------|--|---|---------|--------------------|--|--|--|
| Enrollr | Enrollment.: 1910400149 | | | | | | |
| Instit | Institute: Danhund Ayurved, Medrcy college | | | | | | |
| Branch With 0 | n Name | B. A.M.S | | , | SEM: 2Nd 7 | | |
| SR NO. | SUBJECT CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| ۱. ۷ | 3061201 | DravyaCary | | | | | |
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| Date: The stude | ent Daman ER/WINTER EXA | Kefun Kum M) has p | | 00 /- as Universit | 1 V2 | | |
| Date: | D to the second | College Se Shoyan Rati Chandiana Und | od lit | Aarih | Principarized Signatory ant Ayurvedic Medical | | |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signatule of Student



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1910400150

WINTER/SUMMER EXAMINATION

| Nan | ne : | C | houdha | m Sri | 1shli | Dames | haher | | |
|------------------------|---------|---|----------------------|--|----------------------------------|----------------------------|---|--|--|
| Enrolln | ment. : | 12 124 2 2 4 2 | | | | | | | |
| Instit | tute : | Acminus Ayuved. Medical College Booms | | | | | | | |
| Branch With C | Name | 9 | B. A.M. | s' | , | | | | |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME WITH | H PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR: | | |
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| Date: The studer SUMME | nt Chu | Idha Er exa | y Syusht MINATION | For Office Use O | nly (institute Copaid sum of Rs. | oy) ♂o∫/- as University | Signature of student Re-assessment / Re-Checking fees | | |
| Date: | | Jan State Control of the Control of | | College Sea Shoyan Ratho GhandUnde | 12/2 | | Authorized Signatory Principal ant Ayurvedic Medical and Research Institute | | |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 2010401087

WINTER/SUMMER EXAMINATION

| Na | me : | Re | per | Dhada | Manishk | ~ | |
|------------|------------------|-------|--------------|------------------------|--------------------|---------------|-----------------------------------|
| Enroll | ment. : | | 20109 | | | | |
| Insti | tute : | | | CRRI | | | • 4 |
| | h Name Code : | Υ. | 3400 | | | | SEM: 15 year: |
| SR NO. | SUBJECT | CO DE | SUBJECT NAME | WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
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| 6. | | | | | | | |
| | | | | * | | | |
| Date: | | | | 5 - 0" - 11 - 0 | | | Signature of Student |
| The studen | · Peu | el | DHBMV | | nly (Institute Cop | * | Re-assessment / Re-Checking fees |
| | | | MINATION | Significal Coll | Second Second | | No-assessment re-checking fees |
| Date: | | | | College Sea | | | Authorized Signatory Principal |

Undertaking

Aarihant Ayurvedic Medical College and Research Institute

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)





-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

| * | 1910900113 | * |
|---|------------|---|
| | | |

WINTER/SUMMER EXAMINATION

| Na | | | 7 | | | | |
|------------------|------------------------|-----------------|----------------------|--------------------------------------|---|---|---|
| | me : | 1 | (mickey o | Zny VI | nodehon | Lyan | |
| Enroll | ment. : | - | 191040 | | | | |
| Insti | tute : | | AAMC | 227 | | | |
| | Branch Name With Code: | | | SEM: The year | | | |
| SR NO. | SUBJEC | CT CO DE | SUBJECT NAME WITH PR | RESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 1910 | 4001 | Donyy 4 | 2006 | 4 | - | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | 2 | | | |
| Date: The studen | nt JLea R/WINT | Klow ER EXAI | Jen V. | For Office Use Or) has pa | nly (Institute Cop id sum of Rs. <u> 00</u> | >y) ○ _/- as University | Signature of Student Re-assessment / Re-Checking fees |
| Date: | | | | College Seat Bhoyan Rath Under | 1331 | | Presented Signatory nant Ayurvedic Medical e and Research Institute |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student



CERTIFICATE

This is to inform that Aarihant Ayurvedic Medical College and Research Institute Having Programme code 10 have 6 number of students for rechecking and reassessment in year 2020-21 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/reassessment summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| 1 | 2020-21 | 6 |



Aarihant Ayurvedic Medical College and Research Institute

Swarrnim Startup & Innovation University



Recheck/reassessment Academic year 2020-21

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|--|-----------------|--|-----------|
| 1 | 1910400155 | Chaudhary Srushti Rameshbhai | 43061101 | Padarth Vigyan Evum Ayurveda Itihas | Pass |
| 2 | 1910400110 | Parmar Maulik Kumar Rameshchandra | 43061102 | Sanskrit | No Change |
| 3 | 1910400104 | Patel Dhruv <mark>il Jagdi</mark> shbhai | 43061103 | Maulik Siddhant Evum Ashtang Hridaya | Pass |
| 4 | 1910400151 | Pandya Vama Jigneshkumar | 43061104 | Kriya Sharir | No Change |
| 5 | 1910400126 | Patel Chintan Kireetbhai | 43061105 | Rachana Sharir | Pass |
| 6 | 1910400102 | Patel Krupaliben Rameshbhai | 43061103 | Maulik Siddhant Evum Ashtang Hridaya | No Change |





-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1910400155

WINTER/SUMMER EXAMINATION

| Nai | me : | | | ^ | | |
|----------|----------------------------------|---------|---------------------------------------|---------------|---------------|--|
| | ment. : | | Landhey Bricki | Romersbi | nui | |
| | tute : | 13 | | | | |
| Branch | Branch Name With Code: B. Am. S | | | SEM: 1 m year | | |
| SR NO. | SUBJECT | T CO DE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 4300 | 61101 | Padersh viggen Even | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | - | |
| 6. | | | | | | |
| Date: 26 | | | For Office Use Or Saughan Rame has pa | | | Signature of Student y Re-assessment / Re-Checking fees |
| Date: 21 | 11312 | L | College Seal | cliege app | | Authorized Signatory |
| | | | Unde | taking | Aari | Principal ihant Ayurvedic Medical |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1910400110

WINTER/SUMMER EXAMINATION

| 1 | | | | | | | | |
|--|----------------|---------|-------------|----------------|---------------------------------------|---------|----------------------|--|
| Nar | me : | Pa | mod | maril | K Kom | or Ro | emes 4 chas | ndre |
| Enroll | ment. : | | 040011 | | | • | | |
| Instit | tute : | | AAmc | LRT. | | 1. (1. | | |
| Branch With 0 | Name Code : | | B.A.r | ns | | | | SEM: YEAR: Ist year |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAM | E WITH PRESENT | GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 430 | 61102 | Sansl | Loit | | - | <u></u> | |
| 2. | | | | | | | | |
| 3. | | | | , | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| Date: 22 2 2 Signature of Student For Office Use Only (Institute Copy) | | | | | | | | |
| The student (Pormer Menti Ichamers R.) has paid sum of Rs. 1000 /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION | | | | | | | | |
| Date: 20 | 11312 | | | 9 1 | Ollege Seal Chandhinaga Underta | ur) 🚉 | Aarihan College a | Principal Princi |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student



Enrollment No.

-:: Re-Assessme nt / R ϵ -Checking for University Exam ::-

* 1910400104

WINTER/SUMMER EXAMINATION

| | | 0 | | | | | |
|------------------|----------------|-------------|--------------|------------------|-----------------------|---------------|--|
| Nar | me : | Pare | 1 Dho | MVII Ja | gdishbbai | | |
| Enroll | ment. : | 19 | 10 4001 | 104 | 0 | | |
| Instit | tute : | | | | i melro | e college | Le Beson Justi |
| Branch With C | Name Code : | _A | wiese | | | | SEM: 188 YEAR: 188 |
| SR NO. | SUBJEC | T CO DE | SUBJECT NAME | WITH PRESENT GRA | DE RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 430 | 1 | | thong Howaye | | | |
| 2. | | | | 0 | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| | r Pate | 21 EL DI | | | se Only (Institute Co | | Signature of student Re-assessment / Re-Checking fees |
| Date: 2 | 3 3 l° | 11 | | College | Seal Rathod | Aari | Praumonado Signatory hant Ayurvedic Medical |
| | | | | | ndertaking | Colleg | ge and Research Institute |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1910400151

WINTER/SUMMER EXAMINATION

| Nar | me : | Pan | Pandyer Vama Tyneshkumer | | | | | | | | |
|--------|----------------|------------------|--------------------------|------------------------|---------|---------------|--------------|--|--|--|--|
| Enroll | ment. : | ent.: 1910400151 | | | | | | | | | |
| Insti | tute : | | | | | | | | | | |
| | Name Code : | 1 | 3 Ams | | | | SEM: St Jean | | | | |
| SR NO. | SUBJE | CT CO DE | SUBJECT | AME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | |
| 1. | 430 | 61104 | Kz | Justanis | _ | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | 1 | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| | | | | | | | | | | | |

Date: 29/3/21

For Office Use Only (Institute Copy)

The student (fcmbes Vcma Jyneshkame) has paid sum of Rs. 1000 /- as University Re-assessment / Re-Checking fees

Date: 2413121

College Seal

Prantopiad Signatory
Aarihant Ayurvedic Medical

Undertaking

College and Research Institute

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Studen



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1910400126

College and Research Institute

WINTER/SUMMER EXAMINATION

| N | lame: Pu | tel chinten Kire | ethai | | |
|----------|---|-----------------------------------|---|---------------------------|------------------------------------|
| Enro | Secretary Control of the Control of | 1910400126 | | | |
| ins | stitute : | AAMCLRI | | | |
| | ch Name n Code : | Minele | | | SEM: St year |
| SR NO | SUBJECT CO | E SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 43061105 | Rochance Charix | | L- | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | , | | |
| Date: | 2613121 | | | | Signature of Student |
| The stud | lent Patel IER/WINTER EX | For Office Use O | nly (Institute Cop aid sum of Rs. 10 | py) OO_/- as Universit | y Re-assessment / Re-Checking fees |
| 33.0.00 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Ollen | | 1 Marie |
| Date: | 2613/21 | College Son | 1003 | | P r 沖ң神幹評量d Signatory |
| | | College Sea | athor & | Aaril | hant Ayurvedic Medical |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student



-:: Re-Assessment / Re-Checking for University Exam ::-

Enrollment No.

* 1910400102

WINTER/SUMMER EXAMINATION

| Nar | ne: pa | tel (ZonPalise | 2 Roc | methora | , | | | |
|---|--------------------------------|------------------------|--------------------------------------|---------|---------------|-----------------------------------|--|--|
| Enroll | | 1910400102 | | | | | | |
| Instit | Branch Name With Code: Apprela | | | | | | | |
| Branch With C | Name Code : | Junede | | | Cofe V | SEM: 15 year | | |
| SR NO. | SUBJECT CO DI | SUBJECT NAME WITH PRES | ENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| 1. | 4306110 | Marilia Syndhony | | - | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| Date: 26(3(1) Signature of Student For Office Use Only (Institute Copy) | | | | | | | | |
| The student (PCTE) KonPuliken R.) has paid sum of Rs. [000 /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION | | | | | | | | |
| Date: 2 | C13l21 | | College Seal Choyan Ra Ghundel | 100 | Aariha | Principal nt Ayurvedic Medical | | |

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student



CERTIFICATE

This is to inform that Venus Institute of Physiotherapy (BPT) having Programme code -1 have 3 number of students for rechecking and reassessment in year 2019-20 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment Summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| 1 | 2019-20 | 3 |





Venus Institute of Physiotherapy

Result/Reassessment 2019-20

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|-------------|------------------|------------------------|---------------------------------|-----------|
| 1 | 1844001009 | Shah Urvashi B. | 63011206 | Electrotherapy | No Change |
| 2 | 17430010108 | Patel Devansh H. | 63011305 | Physical & Functional Diagnosis | No Change |
| 3 | 1743001023 | Patel Jeet A. | <mark>630</mark> 11305 | Physical & Functional Diagnosis | No Change |





Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

1824001009

| | | | • | | | |
|----------------------|--------------------------|-------------|---|---|------------------|---|
| Name | e: | hah | Wivashi | B | | |
| Enrollme | ent. : \ 8 | 440 | 10 - 0 | | | |
| Institu | te: V | Ones | Enstitu | te of | Physiot | herapy |
| Branch I With Co | | BPT | 63011206 | 0 | . V · | SEM: 2 Nd Yg. |
| SR NO. | SUBJECT CO | DE SUBJE | CT NAME WITH PRESENT GRA | ADE RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 6301126 | 56 El | e the therap | 7 | | NO change |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| The studen SUMMEF | | EXAMINAT | ON- | na-panguint or ks | - as Universi | ty Re-assessment Recontrolling fees VENUS INSTITUTE PHYSIOTHERAP Authorized Signatory |
| | | | | Undertaking | | |
| , hereby he revis | y declare t sed marks | hat the res | alt of reassessment of uent result. (Re-Check | my answer book s | hall be binding | on me and that I shall accep O Per Subject) |
| Uri | re of Stude | | // | Bhoyan Rathod 1 1 1 Dist-Gandhinagar | | PRINCIPAL |
| | | | | | | PHYSIOTHERAP |
| The studen | nt (| ih | - Wrvashi | (Student Copy)) has paid sum of Rs | 300/- as Univers | ity Re-assessment / Re-Checking fees |
| SUMME | R/WINTER | EXAMINAT | ION-2024. (Re-Checki | | | |
| | | | 1/3 | TOTE OF COM | | |
| Date: | | | Cól | lege Seal Brioyan Rathod Dist-Gandhinagar | V | Authorized Signatory |



-:: Re-Assessment / Re-Checking for University Exam ::-

* 1743 00 10 10 8

| Name: | Name: Patel Devansh H. | | | | | |
|-----------------------------|--|--|---------------------------------|---|--|--|
| Enrollmen | t.: 172 | 13 00 10 108 | • | | | |
| Institute | Ven | us Institute | of | Phessioth | enapy | |
| Branch Na With Code | me n | T 630 \$1305 | 0 | 0 | SEM! 3rd 48 | |
| SR NO. SU | BJECT CODE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | |
| 1. 63 | 3011305 | Physical & Function | al | | No change | |
| 2. | | J | | | | |
| 3. | | | | | - | |
| 4. | | | | | | |
| 5. | | | | · · · · · · · · · · · · · · · · · · · | | |
| 6. | | | | | | |
| Date: The student (SUMMER/ | The student (Patel Summer/WINTER EXAMINATION For Office Use Only (Institute Copy) Bhoyan Rathod Dibas paid sum of Rs. 300 /- as University Re-assessment Re-Checking fees VENUS INSTITUTE OF PHYSIOTHERAPY PHYSIOTHERAPY | | | | | |
| | | | ndertaking | | | |
| the revised | declare that d marks and | the result of reassessment of my subsequent result. (Re-Checking | answer book s Rs 150 & Re-As | hall be binding ssessment Rs. 30 | on me and that I shall accept O Per Subject) | |
| Signature | of Student | | list-Garidhinagai | | PRINCIPAL VENUS INSTITUTE (PHYSIOTHERAPY | |
| (Student Copy) | | | | | | |
| The student (| Mat MAINTED EV | - Devanh) h AMINATION-2024. (Re-Checking) | as paid sum of Rs. 2 | 3 <u>00</u> /- as Univers sessment Rs. 300 | ity Re-assessment / Re-Checking fees Per Subject) | |
| Date: | VVIINTEK EX | | Rathod 12 | | PAuthorized Signatory VENUS INSTITUTE VENUS IN | |



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 174300/023 *

| Name : | Patel Jeef A | | | | | | | | |
|---|---|---------------------------------|------------|---------------------------|--|--|--|--|--|
| Enrollment. | 171 | 1743001023 | | | | | | | |
| Institute : | $10^{1/3}1010$ $0/3133131010$ 0 10003100100 | | | | | | | | |
| Branch Nan With Code | | 1 × 1 × 1 | | | SEM: 3 refugear YEAR: | | | | |
| SR NO. SUB | JECT CODE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | |
| 1. 630 | 011305 | | alo change | | | | | | |
| 2. | | 0 | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| The student (SUMMER/W_Date: | Palel VINTER EX | For Office Use College Sec | N. S. S. | opy) 50/- as Universit | PRINCIPAL VEAUS INSTITUTE O PHY Authorized Signatory | | | | |
| I horaby de | eclare the | | ertaking | all he hinding (| on me and that I shall accept | | | | |
| I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs. 150 & Re-Assessment Rs. 300 Per Subject) Signature of Student Bhoyan Rathod Dist-Gandhinaga VENUS INSTITUTE PHYSIOTHERAP | | | | | | | | | |
| (Student Copy) The student (feet - Pole!) has paid sum of Rs. 300 /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | | |
| Date: College Seal nod Dist-Gandhinaga | | | | | | | | | |



CERTIFICATE

This is to inform that Aarihant Institute Of Nursing & PPBSc Nursing having Programme code 8 have 4 number of students for rechecking and reassessment in year 2023-24 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/reassessment summary

| Sr no | Year | No of recheck |
|-------|---------|---------------|
| GT | 2023-24 | 4 |





Aarihant Institute Of Nursing & PPBSc Nursing

Recheck/Reassessment Academic Year 2023-24

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|-------------------|-----------------|-----------------|-----------|
| 1 | 2184001012 | Baria Rajkumar | 83011204 | CHN-1 | Pass |
| 2 | 2184001013 | Damor Anilkumar | 83011204 | CHN-1 | Pass |
| 3 | 2184001015 | Damor Rajeshkumar | 83011204 | CHN-1 | Pass |
| 4 | 2184001020 | Desai Alok | 83011204 | CHN-1 | No Change |





Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 218400/012 *

| Nam | ne: | Ber | ia Rajkur | New | | | |
|-------------------------|-----------|---------|--|-----------------------------------|-------------------|-------------------|---|
| Enrolln | nent. : | 218 | 4001012/ | | | | |
| Instit | | | | o stitute o | of Nur | refund | |
| Branch Name B.sc NWSing | | | | YEAR: BSC NUNSING | | | |
| SR NO. | SUBJECT | CODE | SUBJECT NAME WITH | I PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 830 | 1204 | CHN-I | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| Date: 18 | 79/2 | 024 | | | | | Signature of Student |
| | | | | For Office Use Or | nly (Institute Co | ру) | |
| The studer | | R FY | AMINATION |) has pa | id sum of Rs | /- as University | Re-assessment / Re-Checking fees |
| | ., | -11 -11 | William Strain | Bhoyan | Rathod Z | | Privile |
| Date: | 3/9/ | 202 | 1 | Gandhi College Sea | nagar = | | Authorized Signatory |
| | | | | | -65/ | | |
| | | | | Unde | rtaking | | |
| the revis | sed marl | s and | the result of reasse subsequent result. | essment of my an (Re-Checking Rs. | swer book sh | nall be binding o | n me and that I shall accept Per Subject) |
| Rould's Signatur | meis) | _ | | | | | |
| Signatur | re of Stu | ident | | | | | |
| | | | • | | | | |
| | | | | | | | |
| | | | | (Stude | nt Copy) | | |
| The studen | | D EV | |) has pa | id sum of Rs. | /- as University | Re-assessment / Re-Checking fees |
| 20IMINE | K/WINTE | K EXA | MINATION-2024. (| Ke-Checking Rs.1 | .⊃U & Re-Asse | essment Rs. 300 P | 'er Subject) |
| | 4 | : | | | | | |
| Date: U | 9 20 | 24 | | College Sea | PE S | | Authorized Signatory |
| | | 1. | | / and | 160 | | Discourse Pathod Gandhinet |



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* \$184001013 *

| Nam | $ne: \bigcup a$ | mas Anikumas | | | |
|------------------|-----------------|--|--------------------|-----------------|---|
| Enrolln | | 84001013 | | | |
| Instit | ute : | arihant. Institute | at No | hing | |
| Branch With C | Name Name | using. | | J | SEM: 279 44 BSC |
| SR NO. | SUBJECT CODE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 830/1204 | CHN-I | | | |
| 2. | | | | | Ą. |
| 3. | | | | | ¥., |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| Date: | 2/9/24 | For Office Use C | Only (Institute Co | nv) | Signature of Student |
| | | AMINATION- | Rathod Till | /- as Universit | Re-assessment / Re-Checking fees Aariha Authorized Signatory Signatory |
| | | · /3/ | ertaking | | Proven Redock, Gandhine |
| | | t the result of reassessment of my a d subsequent result. (Re-Checking R | | | |
| Signatuj | re of Student | | | | |
| | | | | | |
| | | (Stude | ent Copy) | | |
| The studer | | | aid sum of Rs. | | y Re-assessment / Re-Checking fees |
| | 2 9 202 | AMINATION-2024. (Re-Checking Rs. College Se | 12/20 | | Per Subject) Authorized Signatory Aerihant institute of Mursing Bhovan Rathod, Gandhinagar |



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

| * | 2184 | 00 | 015 | * |
|---|------|----|-----|---|

| Nar | me: | mor Rajesh | lanuar | | | |
|--|--------------|----------------------|---|---|---|---|
| Enrolli | | 84001015 | | | | |
| Insti | | hout susti | rule 19 | + Noise | NOI | |
| | n Name | Sc Nussina | |) | -) | SEM: 2M9 year YEAR: B-Sc Hussing |
| SR NO. | SUBJECT CODE | SUBJECT NAME WITH PR | RESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 83011204 | CHH-I | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| Date: 1 | 3/9/2024 | | | | | Signature of Student |
| | ent (| AMINATION | For Office Use O) has p Bhoyan Ra College Sea | aid sum of Rs. | | y Re-assessment / Re-Checking fees Authorized Signatory |
| SUMME | ER/WINTER EX | AMINATION |) has p Bhoyan Ra College Sea | aid sum of Rs. | | Privolpal |
| Date: \{\} | eR/WINTER EX | AMINATION | College Sea Unde | aid sum of Rs. athor ertaking nswer book sh | /- as University | Authorized Signafory rein |
| Date: (3) I, herebythe revi | eR/WINTER EX | AMINATION | College Sea Unde | aid sum of Rs. athor ertaking nswer book sh | /- as University | Authorized Signafory rein |
| Date: (3) I, herebythe revi | er/WINTER EX | AMINATION | College Sea Unde | aid sum of Rs. athor ertaking nswer book sh | /- as University | Authorized Signafory rein |
| Date: (3) I, herebythe revi | er/WINTER EX | AMINATION | College Sea Undersment of my ar | aid sum of Rs. athor ertaking nswer book sh | /- as University | Authorized Signafory rein |
| Date: (3) I, hereby the revi Signature The stude: | er/WINTER EX | AMINATION | College Sea Under Sment of my an Re-Checking Rs | ertaking nswer book sh s.150 & Re-As ent Copy) aid sum of Rs. | /- as University nall be binding of sessment Rs. 300 | Authorized Signafory on me and that I shall accept Per Subject) Re-assessment / Re-Cheqking fees |



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 2184001010 *

| Nam | ne: 100 | sai Alok | | | | |
|------------|---------------|---|----------------------------------|--|-----------------|--|
| Enrollm | nent. : 2184 | 00 10 20 6 | | | | |
| Institu | . I. A | | we of | Nuosii | w | |
| Branch | Name | | 0 | | | SEM: |
| With C | sode: B. | Sc Mussing | | | | YEAR: |
| SR NO. | SUBJECT CODE | SUBJECT NAME WITH PRE | SENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 83011204 | CHH-I | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| | R/WINTER EX | AMINATION |) has paid Bhoyan I Gandhi | Ratho | /- as Universit | y Re-assessment / Re-Checking fees Privered Aarihant institute of Nu |
| Date: | 3/9/24 | | College Seal | and the state of t | | Authorized Signatory |
| | | | Under | taking | | |
| | | the result of reassessnd subsequent result. (Re | | | | on me and that I shall accept Per Subject) |
| Signatur | re of Student | | | | | |
| | | | | | | |
| | | | (Studen | t Copy) | | |
| The studen | | AMINATION-2024. (Re- | | | | Re-assessment / Re-Checking fees |
| • | | | | | | (, X)_ |
| D-1 1 | 3/9/24 | | ctitus | | | Aprillant Phitipal |
| Date: | 3/11/24 | | College Seal | 6 | | A3711 Authorized Signatory |



CERTIFICATE

This is to inform that School of Management, Commerce and Liberal Arts having Programme code - 2 has 6 numbers of students for rechecking and reassessment in the year 2023-24 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment Summary

| Sr no | Year | No of Recheck |
|-------|---------|---------------|
| 10 | 2023-24 | 6 |





School of Management, Commerce and Liberal Arts

Recheck/reassessment 2023-24

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|---|-----------------|--------------------------------------|--------------|
| 1 | 2114004014 | Thakor Hi <mark>mali Santoshbhai</mark> | 12300013 | Advanced Program In Entrepreneurship | No Change |
| 2 | 2114001007 | Prajapati Deep Mukeshbhai | 14010501 | Cost Accounting II | No Change |
| 3 | 2114001011 | Patel Het Vipulkumar | 14010501 | Cost Accounting II | No Change |
| 4 | 2114001005 | Jangid Anurag Mukeshb <mark>hai</mark> | 14010503 | Company Law | No Change |
| 5 | 2114004012 | Mewada Janvi Sandipkumar | 14020501 | Company Law | No Change |
| 6 | 2114004005 | Patel Nishidhkumar A <mark>n</mark> antbhai | 14020505 | Recruitment And Selection | No Change |

STARTUP & INNOVATION UNIVERSIDEAS COME ALIVE





Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*2114004014 :

WINTER/SUMMER EXAMINATION

| Nam | ne: The | akoz Himali Sa | mthoshb | her | |
|------------------------|-------------------------------|--|----------------------------------|-------------------------------------|--|
| Enrolln | nent. : 2 | 114064014 | | | |
| Instit | | SMCLA | | | |
| Branch With C | | SMCLA | | | SEM: 5thser YEAR: |
| SR NO. | SUBJECT CODE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS |
| 1. | 12300013 | Advence Program in | | | |
| 2. | | embl Premerils hip | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | · | | |
| The stude SUMME | g/2/24 nt thako R/WINTER EX | For Office Use 300() has CAMINATION | MOOLO | ppy) 장이 / - as Universit | Signature of Student y Re-assessment / Re-Checking fees Authorized Signatory |
| Date: 0 | 3/2/24 | | dertaking | | , autorized organies, |
| I, hereb | y declare tha sed marks an | t the result of reassessment of my d subsequent result. (Re-Checking l | answer book sl Rs.150 & Re-As | nall be binding of sessment Rs. 300 | on me and that I shall accept O Per Subject) |
| Signatu | re of Student | | | | |
| The stude | ent (Thalked | | dent Copy) s paid sum of Rs | 3 00 / /- as Universi | ty Re-assessment / Re-Checking fees |

Date: 9/2/24

College Seal

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 2114001007

WINTER/SUMMER EXAMINATION

| Nam | ne : P3 (| warch oret |) Mule | esh bhe | u, , | | | |
|--|----------------|------------------------|------------------------------|--------------|---------------------------|------------------------------------|--|--|
| Enrolln | | 2119001007 | | | | | | |
| Instit | | SMCLA | | | | 1 | | |
| Branch With C | | MCLA | | | | SEM: 5th YEAR: | | |
| SR NO. | SUBJECT CODE | SUBJECT NAME WITH PRES | ENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| 1. | 14010501 | cost Account | ng II | | <u> </u> | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| | | | | | | Differ . | | |
| Date: | 9/2/24 | | | | | Signature of Student | | |
| | | Prejupot 300 | r Office Use Only has paid s | um of Rs. 30 | OV) OV 7- as Universit | y Re-assessment / Re-Checking fees | | |
| | | AMINATION | RNIM SC10 | OLOF | | (Bausalshi' | | |
| Date: C | 12/24 | | College Seal | | | Authorized Signatory | | |
| Undertaking | | | | | | | | |
| I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | |
| me | of | | | | | | | |
| 11 \ / | 7/ | | | | | | | |
| Signatu | ire of Student | | | | | | | |
| Signatu | ire of Student | | | | | | | |

(Student Copy)

The student (Pala Pat Deef _ 200 | _) has paid sum of Rs. 300 | /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Date: 9)2/21/4

College Seal SWARNIM SCHOOL OF BUSINESS



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

| * 2114001011 * | * | 21 | 14 | ô | 01 | 01/ | * |
|----------------|---|----|----|---|----|-----|---|
|----------------|---|----|----|---|----|-----|---|

WINTER/SUMMER EXAMINATION

| Nam | re: P | atel | Het | ViPa | 110mmer | | | | | |
|--|--|---------|---------------|------------|--------------------|---------------|-------------------------------------|--|--|--|
| Enrollm | nent. : | 2114 | 001011 | | | | | | | |
| Institu | Institute: SMCLA | | | | | | | | | |
| Branch | | | | | | | SEM: 5th Jen | | | |
| With C | ode : | SMC | | | | | YEAR: | | | |
| SR NO. | SUBJECT CODE | SUBJECT | NAME WITH PRE | SENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | |
| 1. | 14010501 | Cost | Account | ing II | | | , | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | • | | | | | | |
| 6. | | | | | | | | | | |
| Date: | Date: 9 2 2 2 \ | | | | | | | | | |
| | nt (Parel) | | | | Only (Institute Co | | ty Re-assessment / Re-Checking fees | | | |
| | 3/2/24 | | | /ARNIM SC | MOOL OF | ř | Authorized Signatory | | | |
| - | | | | Und | ertaking | | | | | |
| I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | | | |
| (| | | | | | | | | | |
| Signatu | re of Studen | t | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | (Student Copy) | | | | | | | | | |
| The stude | The student (Rede) has paid sum of Rs. 2001 — as University Re-assessment / Re-Checking fees | | | | | | | | | |
| SUMME | SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | | |

Date: 9)2/24

College Seal



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*2114001005

WINTER/SUMMER EXAMINATION

| Name: Jangid An Anndag Markesh bhei | | | | | | | | | |
|--|---|---------------------------------|--------------------------------------|--------------------------|------------------------------------|--|--|--|--|
| Enrollment: 2114001005 | | | | | | | | | |
| Institute: SMCLA | | | | | | | | | |
| Branch With C | | SEM: 5th Jem YEAR: | | | | | | | |
| SR NO. | SUBJECT CODE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | |
| 1. | 14010503 | Mewader For | | | | | | | |
| 2. | | Company law | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | • | | | | | |
| 6. | | | | | | | | | |
| Date: 6 | 3/2/24 | | | | Signature of Student | | | | |
| The stude | ent Jangid | Anulus 3001-) has p | Only (Institute Copaid sum of Rs. 30 | py) o//- as Universit | y Re-assessment / Re-Checking fees | | | | |
| | | AMINATION SWARNIM SCI | lool of | | Bausashi Authorized Signatory | | | | |
| | | | ertaking | | | | | | |
| I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | | |
| Signature of Student | | | | | | | | | |
| Signatu | | | | | | | | | |
| | | | | | | | | | |
| | (Student Copy) | | | | | | | | |
| The stude | The student (Jeng 14 Amurcus - 300) has paid sum of Rs. 300 - as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | |

Date: 9/2/21

College Seal



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*2114004011 *

WINTER/SUMMER EXAMINATION

| | <u> </u> | | | | | | | | |
|--|----------------------------------|------------------------------|-------------------------------|------------------------------|---------------|---|--|--|--|
| Nam | Name: Mewader Janvi Sandipleumen | | | | | | | | |
| Enrollm | nent. : | 211400401 | R | | | | | | |
| Institu | | | | | | | | | |
| Branch With C | Name | SM CLA | | | | SEM: 5th 5em YEAR: | | | |
| SR NO. | SUBJECT CODE | SUBJECT NAME WITH | PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | |
| 1. | 14020501 | Com Pung | 100 | | _ | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| Date: 9 | 12/24 | | | | | Signature of Student | | | |
| The studer | nt (Hewa | | For Office Use O | | | y Re-assessment / Re-Checking fees | | | |
| |) 2/24 | (AMINATION | WARNIM SCA Q [callege Sea | oolof ' | | Authorized Signatory | | | |
| | | | Unde | ertaking | | | | | |
| I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | | |
| | re of Studen | t | | | | | | | |
| | | | | | | | | | |
| The studer | nt (Newa | de Junni (AMINATION-2024. | 900 () has p | ent Copy) aid sum of Rs 3 | as Universi | ty Re-assessment / Re-Checking fees Per Subject) | | | |

Date: 9/2/25

College Seal



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

| | 21 | 14 | 00 | 600 | 5 | |
|---|----|-----|----|-----|---|---|
| * | | , , | OC | 400 | 2 | * |

WINTER/SUMMER EXAMINATION

| Nam | ie: Pc | itel NUhidhkryman | | | | | | | | |
|---|------------------------|-----------------------------------|---|---------------|--|--|--|--|--|--|
| Enrollm | nent. : 🤊 | -114004005 | | | | | | | | |
| Institu | Institute: SMCLA | | | | | | | | | |
| Branch With C | | SMCLA | | | SEM: 5th 12 YEAR: | | | | | |
| SR NO. | SUBJECT COD | E SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | | |
| 1. | 1402050 | | | | | | | | | |
| 2. | | Selection | | | | | | | | |
| 3. | | | | • | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| Date: 9224 For Office Use Only (Institute Copy) The student (RAPI NU high - 300) has paid sum of Rs. 300 /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION Date: 9224 Undertaking I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept | | | | | | | | | | |
| the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | | | |
| Signature of Student | | | | | | | | | | |
| | | | | | | | | | | |
| The stude | nt (PWE R/WINTER E | 1 | ent Copy) aid sum of Rs. <u>3</u> 150 & Re-Asse | as Universit | ty Re-assessment / Re-Checking fees Per Subject) | | | | | |

Date: 9)2/27

College Seal



CERTIFICATE

This is to inform that Institute of Design having Programme code - 3 having 3 number of students for rechecking and reassessment in year 2019-20 enrolled at examination department of Swarrnim Startup and Innovation University.

Recheck/Reassessment Summary

| Sr no | Year | No of recheck | | |
|-------|---------|---------------|--|--|
| 1 | 2019-20 | 3 | | |





Swarrnim Institute Of Designs

Result/Reassessment 2019-20

| Sr No. | Enrollment | Name | Subject Code | Subject Name | Result |
|-----------|------------|-----------------------|-----------------|-------------------------|--------------|
| 1 | 1825009003 | Patel Tarangkumar K. | 23090503 | Heat Transfer | No Change |
| 2 | 1925002003 | Shrimali Dhruvika P. | 23020304 | Fluid Flow Operation | Pass |
| 3 | 1723002002 | Trivedi Harshkuamr R. | 23000020 | Scalling Up The Venture | Pass |





Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1825009003 *

WINTER/SUMMER EXAMINATION

| Nan | ne : | | Patel | Talleron Man | 210-21 | 14 | | |
|---|---------|-----|--------|--------------------|----------|---------------|----------------------------------|--|
| 7. 4. 4. 6. | | | | | | | | |
| Institute: 5waldenim Institute of Design | | | | | | | | |
| Branch With C | | 1 | Design | 0111111 2010 | Mark OV | 1 043 (91) | SEM: 5 Them | |
| SR NO. | SUBJECT | | | WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | YEAR: | |
| 1. | 230901 | 503 | Heat | Taunsfel | | L | | |
| 2. | | | * | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| Date: (9 2) 19 For Office Use Only (Institute Copy) The student (Pate Talang - 300 Respect Pate 1 Pate 1 | | | | | | | | |
| he studen | | | [chung | - 1 | nt Copy) | ○ | Re-assessment / Re-Checking fees | |

Date: 19/2/19

SWARNIM INSTITUTE OF DESIGN



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

* 1925 002003

WINTER/SUMMER EXAMINATION

| | | · | | | | | | | | |
|------------------|---------|------------|---------|--------|-------------|---------|---------------|--|--|--|
| Nan | ne : | 5 | 131 mai | i T | Marvik | a.p | | | | |
| Enrolln | nent. : | 1925002003 | | | | | | | | |
| Instit | ute : | | SWUNZA | Design | | | | | | |
| Branch With C | | | Design | | | tude of | | SEM: 37d Jem YEAR: | | |
| SR NO. | | T CODE | | | ESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | |
| 1. | 7307 | 0304 | Finia | Flow | Operation | | | | | |
| 2. | | | | | | 1 | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | • | | | | | | |
| | | | | | | | | Dhamile 94 | | |
| Date: | 121 | 14 | | | | | | The state of the s | | |

For Office Use Only (Institute Copy)

paid(sum of Rs. 300 /- as University Re-assessment / Re-Checking fees

ndertaking

I, hereby declare that the result of reassessment of my answer book shall be binding on me and that I shall accept the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

Signature of Student

(Student Copy)

_) has paid sum of Rs. 300 ___/- as University Re-assessment / Re-Checking fees

SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject)

llege APAIM INSTITUTE OF



Enrollment No.

-:: Re-Assessment / Re-Checking for University Exam ::-

*17-23002002

WINTER/SUMMER EXAMINATION

| Nan | ne: | Tivedi Houshkuma | LR. | | | | | | | |
|--|-------------------|---------------------------------|---------|---------------|--------------|--|--|--|--|--|
| Enrolln | | 1723662002 | | | | | | | | |
| Instit | institute: Design | | | | | | | | | |
| Branch With C | | Design | | | SEM: 39d Som | | | | | |
| SR NO. | SUBJECT CODE | SUBJECT NAME WITH PRESENT GRADE | RECHECK | RE-ASSESSMENT | REMARKS | | | | | |
| 1. | Z30000Z 0 | Scalling up the Venture | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| Date: 19 2 19 The student For Office Use Only (Institute Copy) The student Summer/Winter Examination. Date: 19 2 11 2 | | | | | | | | | | |
| the revised marks and subsequent result. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) Signature of Student | | | | | | | | | | |
| (Student Copy) The student (HOUS h Trived) - 360) has paid sum of Rs. 300 /- as University Re-assessment / Re-Checking fees SUMMER/WINTER EXAMINATION-2024. (Re-Checking Rs.150 & Re-Assessment Rs. 300 Per Subject) | | | | | | | | | | |
| D-4 1 | Shorter & INNO | | | | | | | | | |

e Seal SWARNIM