



CENTRAL UNIVERSITY OF KASHMIR

Transit Campus: Sonwar, Srinagar – 190 004

FORM FOR RECEIVING PHOTO COPIES OF CIA/ANSWER SCRIPTS

(Session : 20__ Semester : __ Batch : __)

PERSONAL INFORMATION

Programme Code Enrolment No.

Name

(Exactly as it appears in Qualifying Examination Certificate)

Address for Correspondence

Paste Recent Passport Size
Colored Photograph

Phone No. _____ Mobile No. _____ e-mail id _____

COURSES FOR WHICH PHOTOCOPIES OF THE CIA / ANSWER SCRIPTS REQUIRED

S. No.	Course Code	Course Title
1.		
2.		
3.		
4.		
5.		
6.		

REASONS

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DECLARATION BY THE APPLICANT

I hereby declare that I shall abide by the rules & regulations of the University.

Place :

Date :

(Signature of the Applicant)

FOR USE IN EXAMINATION SECTION

The Fee of Rs _____ (in words) _____ paid vide University Receipt No. _____ dated _____ on account of receiving the photocopies of the CIA/Answer Scripts.

The above particulars have been verified and found in order. As such, the photocopy of the CIA/Answer Scripts may kindly be accorded in favour of the applicant.

Tabulator

UDC(Exam.)

Section Officer

Controller Examinations

Acknowledgement of the student

I, _____ acknowledge to have received photocopy of my evaluated Answer Scripts / CIA Awards for the courses mentioned below:

S.No	Course Title	Course Code	Semester	Programme
1				
2				
3				
4				
5				
6				
7				
8				

Signature of the candidate

Enrollment No. _____

Programme _____

Place: _____

Dated: _____