



CENTRAL UNIVERSITY OF KASHMIR

Nowgam, near RCC Plaza, Srinagar– 190015 (J&K)

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FORM FOR SKILL ENHANCEMENT COURSES

Name of the Candidate:

Enrolment No.:

Department:

Programme:

Skill Enhancement Course:

Preference 1: *

Preference 2: *

Place:

(Signature of the candidate)

Date:

Note

**The University shall try to allot Skill Enhancement Course to the student as per preference 1. However, in case, there is any practical difficulty in doing so, he/she may be allotted skill enhancement course as per preference 2.*