

ABILITY ENHANCEMENT COURSES PREFERENCE

MARCH-JULY 2017

Department:

Semester:

Session:

Campus:

S. No.	Enrolment No.	Name	Preference I	Preference II
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Note:

- Please do not use abbreviations and write the complete title of the course.
- Please send **SOFT COPY ONLY IN MS WORD FORMAT** atrahul_dms@cukashmir.ac.in latest by 5th April 2017.
- In any case, preferences once given by the student **CAN NOT BE CHANGED** latter on.
- Syllabus of the Ability Enhancement Courses can be downloaded from the following link on the University's website: <https://www.cukashmir.ac.in/teaching-evaluation/Choice-Based-Credit-System.aspx>

Sd/-
Head/Coordinator
Department of _____