



# CENTRAL UNIVERSITY OF KASHMIR

Transit Campus: Sonwar, Srinagar – 190 004

## SEMESTER ADMISSON FORM

( Session : 20\_\_ Semester : \_\_ )

### **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 INFORMATION**

#### **CURRENT SEMESTER**

Courses Opted For Current Semester

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

#### **PREVIOUS SEMESTER**

Courses Passed : \_\_\_\_ No. of Courses Failed in (if any) \_\_\_\_  
(Please Write Correct Course Code(s) for courses you are failing in; if any)

S. No.	Course Code	Course Title
1.		
2.		
3.		

### **FEE DETAILS**

(Please write your name & Enrolment No. at the back of the Demand Draft)

Draft No./ University Receipt No.	
Amount	
Date	
Issuing Branch	
Payable at	SRINAGAR

### **DECLARATION BY THE APPLICANT**

I hereby declare that the statements made in this application are true and complete to the best of my knowledge and belief and that I have **passed at least 50% of Courses in the previous semester** and satisfy all other **relevant conditions** as laid down by the University. In am aware that if at any stage, it is found that any statement(s) made by me are untrue or incomplete, the admission for the current semester shall stand automatically cancelled. I undertake that I shall abide by the rules & regulations of the University.

Place :

Date :

( Signature of the Applicant )

The above particulars have been verified and found in order. The student is eligible for promotion to semester \_\_

*Signature of Dealing Assistant  
(Acad. Section)*