



Office of the Director Admissions

University of Kashmir

Hazratbal, Srinagar-190 006

www.kashmiruniversity.ac.in, www.kashmiruniversity.net

Dated: _____

Counseling Form

To be filled by the candidate and submit by him/her personally on December 03, 2018 in the Auditorium Hall (Humanties Block), University of Kashmir. The preferences given shall be final and no change shall be entertained later on.

Name of the Candidate: _____

Graduation/12th Marks (% age): _____

Phone/Mobile Number: _____

Roll/Form No. _____

Total Ent. Pts. _____

Category: _____

Campus/College Preferences:

| Name of the Institution | Programme | Preference (in Roman Number) |
|-------------------------|-----------|---------------------------------|
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If already admitted

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| Yes | No |
|-----|----|

Whether fee deposite

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| Yes | No |
|-----|----|

If yes, mention Institute: _____

Category: _____

Course : _____

Signature of the Candidate