



# Office of the Director Admissions

*University of Kashmir*

Hazratbal, Srinagar-190 006

[www.kashmiruniversity.ac.in](http://www.kashmiruniversity.ac.in), [www.kashmiruniversity.net](http://www.kashmiruniversity.net)

Dated: \_\_\_\_\_

## Counseling Form

**To be filled by the candidate and submit by him/her personally on December 17, 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/12<sup>th</sup> Marks (% age): \_\_\_\_\_

Phone/Mobile Number: \_\_\_\_\_

Roll/Form No. \_\_\_\_\_

Total Ent. Pts. \_\_\_\_\_

Category: \_\_\_\_\_

### Campus/College Preferences:

Name of the Institution	Programme	Preference (in Roman Number)

If already admitted

Yes	No
-----	----

Whether fee deposite

Yes	No
-----	----

If yes, mention Institute: \_\_\_\_\_

Category: \_\_\_\_\_

Course : \_\_\_\_\_

**Signature of the Candidate**