



UNIVERSITY OF KASHMIR, SRINAGAR

Hazratbal , Srinagar , Kashmir-190006

FormNo.:757769

Application form for Re-vival of Registration

1. Name of the Applicant _____
2. Name of the Father _____
3. University Registration No. _____
4. Name of the Institute joined after Migration from this University _____
Course _____ Year of Admission _____
5. Examination Appeared /Passed from the Institution where Migrated _____
_____ Date of Completion of Course _____
6. Date on which discharged from the rolls of the institution, where from Migration sought _____
Enclose Migration /Transfer Certificate _____
7. Name of the Course joined in this University after Migration
a, Year/Session _____ b, _____
c, Date of Admission _____ d, College /Department _____
e, Institution _____
8. Name of the Course /Examination intend to join /appear after revival of Registration is granted _____
_____ Year/Session _____
9. Registration Re-vival fee of Rs.400/- paid vide University Receipt /Bank Draft No. _____
Dated _____
10. Contact No. _____

Signature of the Applicant

For use in Registration Section

- (i) Revival of Registration in his/her favour may please be authorized
- (ii) Above entries have been verified and the candidate is/is not eligible for the course for which admission sought (under column 7)

Dealing Assistant

Head Assistant

Section Officer

Assistant Registrar

Revival of Registration authorized

Deputy Registrar

FOR PAY FEE ONLINE SCAN QR CODE OR OPEN THE LINK GIVEN BELOW

