CENTRE FOR WOMEN'S STUDIES
UNIVERSITY OF JAMMU

APPLICATION FORM FOR THE

COURSE_____

SESSION_____

1. Name (in Capital Letters).....
2. Parentage.....
3. Sex (Male/Female/Other).....
4. Date of Birth.....
5. Marital status (Married/Unmarried).....
6. Occupation of the candidate.....
7. Address for correspondence.....

.....

8. Phone/Mobile No.....
9. Academic Qualification :

Space for Photograph

Examination	Name of the University/ Board	Subjects	%age of Marks	Division

Dated_____

SIGNATURE OF THE CANDIDATE

FOR OFFICE USE ONLY

1. Admitted/Non-Admitted_____
2. Fee Paid (if any) vide Receipt

No..... Dated..... Rs.....

ACCOUNTANT OFFICER INCHARGE DIRECTOR